

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Diana Hynek  
Departmental Paperwork Clearance Officer  
Office of the Chief Information Officer  
14th and Constitution Ave. NW.  
Room 6625  
Washington, DC 20230

04/21/2005

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for the extension of approval of an information collection received on 03/21/2005.

TITLE: Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries

AGENCY FORM NUMBER(S): None

ACTION : APPROVED WITHOUT CHANGE

OMB NO.: 0648-0272

EXPIRATION DATE: 04/30/2008

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	37,898	15,602	23
New	37,396	15,329	39
Difference	-502	-273	16
Program Change		0	0
Adjustment		-273	16

TERMS OF CLEARANCE: None

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OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

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# PAPERWORK REDUCTION ACT SUBMISSION

**Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. _____ - _____
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested ( <i>check one</i> ) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No  6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) ( <i>if applicable</i> )	
9. Keywords	
10. Abstract	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "x"</i> ) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond ( <i>check one</i> ) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission)  Name: _____ Phone: _____

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)	
Signature	Date
Signature of NOAA Clearance Officer	
Signature	Date

**SUPPORTING STATEMENT  
INDIVIDUAL FISHING QUOTAS FOR PACIFIC HALIBUT AND SABLEFISH  
IN THE ALASKA FISHERY  
OMB CONTROL NO. 0648-0272**

**INTRODUCTION**

The Individual Fishing Quota (IFQ) program for sablefish and Pacific halibut fixed gear provides each fisherman a catch quota that can be used any time during the open season. The remaining months the fisheries are closed for biological reasons. Individual shares are intended to allow fishermen to set their own pace and adjust their fishing effort. The program is intended to reduce the premium that was traditionally placed on speed, allowing fishermen to pay more attention to efficiency and product quality. The IFQ Program consists of three parts: halibut and sablefish, CDQ halibut, and GOA IFQ community quota share. This action is a request for renewal of the collection-of-information.

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary.**

Individual Fishery Quota (IFQ) Program

The IFQ Program was implemented under the Magnuson Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act). The Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands (BSAI FMP) and the Fishery Management Plan for Groundfish of the Gulf of Alaska (GOA FMP) were prepared by the North Pacific Fishery Management Council (Council) and are implemented by regulations at 50 CFR part 679. The domestic fishery for Pacific halibut off Alaska is managed by the International Pacific Halibut Commission (IPHC) as provided by the Northern Pacific Halibut Act. The IFQ Program provides management measures for the commercial fisheries that use fixed gear to harvest sablefish and halibut. Fishermen are assigned Quota Shares (QS) for the fisheries, and then are allocated annual total catch limits for the Pacific halibut and sablefish fisheries.

Western Alaska Community Development Quota (CDQ) Halibut

The goals and purpose of the CDQ Program are to allocate a portion of the quotas for groundfish, halibut, crab, and prohibited species in the BSAI to Western Alaska communities to provide the means for starting or supporting commercial fisheries business activities that will result in an ongoing, regionally based, fisheries-related economy. This document supports required permitting and reporting related to CDQ halibut allocations as described under 679.32(f). These requirements include: electronic reporting of CDQ halibut; a CDQ halibut permit which must be on board a CDQ halibut harvesting vessel; a CDQ card issued to individuals making halibut CDQ landings; and a Registered Buyer permit issued to persons who are receiving CDQ halibut from harvesters or for harvesters making their own landings under certain conditions. The collection of information related to all other CDQ species is addressed in OMB No. 0648-0269.

Gulf of Alaska (GOA) Community Quota Share (QS) Program

The IFQ Program provides management measures designed to respond to chronic concerns about effectively managing the halibut and sablefish commercial fixed-gear fisheries while maintaining an efficient use of the resource. However, since the implementation of the IFQ Program and

initial issuance of QS, a substantial decline has occurred in the amount of QS and the number of QS holders in rural communities that are located adjacent to the coast of the GOA. This trend may have an effect on employment and reduce the diversity of fisheries to which fishermen in rural communities have access.

To provide additional opportunities for community fishermen and indirectly address concerns about the economic viability of those communities, a new group of non-profit entities was specified to hold QS on behalf of residents of eligible communities. A non-profit corporate entity that meets specific criteria would receive transferred halibut or sablefish QS on behalf of an eligible community and would lease the resulting IFQ to fishermen who are residents of the eligible community. Communities eligible to participate in this program would need to meet all of the following criteria:

- (a) Have a population of less than 1,500 persons based on the 2000 United States Census;
- (b) Have direct saltwater access;
- (c) Lack direct road access to communities with a population greater than 1,500 persons;
- (d) Have historic participation in the halibut and sablefish fisheries; and
- (e) Be specifically designated on a list adopted by the Council.

The National Marine Fisheries Service (NMFS) requires information to establish the eligibility of the CQEs to hold QS, monitor the participation of the eligible communities in this program, gather information on the distribution of QS and IFQ among these communities, and receive an annual report from each CQE. This information will be analyzed to determine whether the goals envisioned by the Council are met.

#### Recordkeeping and Reporting

Reports are required, when applicable, to monitor catches of halibut and sablefish to determine: individual compliance; that the amount of fish being taken does not fall under the definition of overfishing for the fishery; and that the program is effective in accomplishing the goal of reducing fishing effort in the halibut and sablefish fisheries in the waters off Alaska. These reports are prior notice of landing; landing report, shipment report, transshipment authorization, vessel clearance, and departure report.

**2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.**

#### **a. IFQ/CDQ landing card**

This landing card is required for persons (hired skippers) who are harvesting IFQ halibut, IFQ sablefish, or CDQ halibut for a permit holder. Landing cards are issued at no cost.

The Abstract of Title is necessary to determine percentage of vessel ownership for purposes of the hired skipper provisions of the IFQ program. IFQ and CDQ halibut cards are imprinted with coded magnetic information for use with automated transaction terminals (ATMs) as part of an electronic reporting system.

## **Application for IFQ/CDQ Landing Card**

### **Block A – Purpose of application**

Indicate whether cardholder is being added or removed

Indicate permit(s) that this action applies to

Sablefish permit number and category

Halibut permit number and category

### **Block B – Permit Holder Information**

Name, NMFS person ID

SSN (optional) or Tax ID number

Privacy Act Statement: Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records

Business mailing address (indicate whether temporary or permanent)

Business telephone number and FAX number

### **Block C – Identification of Vessel upon which IFQ/CDQ Halibut or Sablefish Will be Fished**

Vessel name, length overall, ADF&G vessel registration number, USCG documentation number  
(The applicant must submit a current copy of USCG Abstract of Title or Documentation showing the percentage of the permit holder's ownership interest in the named vessel.)

Indicate YES or NO whether IFQ permit holder holds an ownership interest of at least 20% in the named vessel

### **Block D – Card Holder(s) Information**

Name, date of birth, NMFS person ID, SSN or Tax ID

Business mailing address (indicate whether temporary or permanent)

Business telephone number and FAX number

### **Block E – Permit Holder Signature Block**

Signature and printed name of applicant, and date signed

Signature, commission expiration date, and stamp of notary public

<b>Application for IFQ/CDQ Landing Card, Respondent</b>	
Estimated number of respondents	1,000
Number of responses per year	1
<b>Total annual responses</b>	<b>1,000</b>
Time requirement for each application (30 min/60 min)	0.5 hr
<b>Total Time burden</b> (1000 x 0.5)	<b>500</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12,500</b>
<b>Total miscellaneous cost</b>	<b>\$5,470</b>
Postage (0.37 x 1,000 = 370)	
Photocopy (0.10 x 1,000 = 100)	
Notary (\$5 x 1,000 = 5,000)	

<b>Application for IFQ/CDQ Landing Card, Federal Government</b>	
<b>Total annual responses</b>	<b>1,000</b>
Time requirement for each application (30 min/60 min)	0.5 hr
<b>Total Time burden</b> (1000 x 0.5)	<b>500</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12,500</b>

## **b. Application for Registered Buyer Permit**

This permit authorizes a person to receive IFQ halibut or sablefish or CDQ halibut from the person that harvested the fish. The permit is also required of any person who harvests IFQ halibut or sablefish or CDQ halibut and transfers such fish: in a dockside sale; outside of an IFQ regulatory area; or outside of the State of Alaska. Permits are non-transferable, renewed annually or issued on request, and at no cost. Each buying station, mothership, shoreside

processor, or stationary floating processor that receives IFQ fish or CDQ halibut is required to have its own Registered Buyer permit. Entities receiving IFQ fish or CDQ halibut at locations outside Alaska do not need these permits, because the deliverer is required to be a Registered Buyer.

#### **Application for Registered Buyer Permit**

Indicate YES or NO whether this application a renewal

If yes, indicate Registered Buyer number

#### **Block A -- Applicant Identification**

Name of Registered Buyer

SSN (optional), Tax ID, or NMFS person ID

Privacy Act Statement: Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records

Name of contact person

Business mailing address (indicate whether permanent or temporary)

Physical location of facility

Business Telephone and FAX numbers

#### **Block B -- Type of Activity**

Check all that apply

Card holder making dockside sales (catcher-seller)

or transferring IFQ/CDQ fish outside Alaska (permit holder or vessel operator)

Person receiving fish from harvester (check all that apply)

#### **Block C -- Transaction Terminal**

Indicate YES or NO whether you currently have a transaction terminal

If NO and you need a transaction terminal, complete a Request for Transaction Terminal form

If YES, provide serial numbers for terminal and printer

#### **Block D -- Signature Block**

Signature and printed name of applicant and date signed

If completed by an authorized agent, attach authorization

<b>Application for Registered Buyer Permit, Respondent</b>	
Estimated number of respondents	800
Number of responses per year	1
<b>Total annual responses</b>	<b>800</b>
Time requirement for each application (30 min/60 min)	0.5
<b>Total Time burden</b> (800 x 0.5)	<b>400 hr</b>
<b>Total personnel cost</b> (400 x \$25)	<b>\$10,000</b>
<b>Total miscellaneous cost</b>	<b>\$376</b>
Postage (0.37 x 800 = 296)	
Photocopy (0.10 x 800 = 80)	
<b>Application for Registered Buyer Permit, Federal Government</b>	
<b>Total annual responses</b>	<b>800</b>
Time requirement for each application (30 min/60 min)	0.5
<b>Total Time burden</b> (800 x 0.5)	<b>400 hr</b>
<b>Total personnel cost</b> (400 x \$25)	<b>\$10,000</b>

#### **c. Quota Share (QS) Permit (*no form*)**

QS was initially issued to persons who owned or leased vessels that made legal commercial fixed-gear landings of Pacific halibut or sablefish during 1988-1990 off Alaska. QS is transferable to other initial issues or to those who have become transfer-eligible on NMFS'



approval of an Application for Transfer Eligibility Certificate. Once issued to a person (at no charge), QS is held by that person until it is transferred, suspended, or revoked.

**d. Request for Application for Quota Share (Forms A through D) (formerly Quota Share Application)** *(form kept on books in case any of request by any eligible applicants not already enrolled, but not shown here)*

Prior to the end of the application period to apply for IFQ Quota Share which ended July 15, 1994, the “QS Application” was used to assess eligibility to receive QS. That form was replaced by the “Request for Application for Quota Share (Forms A through D)” and is used by persons who still may wish to claim eligibility, while providing NMFS with a means to issue an initial administrative determination on such claims. Very few persons, if any, are expected to file this application. Applicants submit Form D plus one of Forms A, B, or C, depending on the type of “person” represented by each applicant.

**Request for Application for Quota Share**

Form A: Form for Individuals

Name, social security number (SSN), and date of birth of applicant  
Business address, telephone number, and FAX number  
Signature of Applicant, date signed  
If this application is made on behalf of the estate of a deceased fishermen:  
Date of death  
SSN of decedent  
Name and address of Estate’s authorized representative  
Signature of Estate representative, date signed

Form B: Form for Existing Corporations or Partnerships

Name of corporation or partnership and Federal Tax ID number  
Business mailing address, telephone number, FAX number  
Date of incorporation or partnership agreement  
Name and signature of registered agent or partner and date signed

Form C: Form for Dissolved Corporations or Partnerships

Business name and Tax ID number  
Whether business was a corporation or partnership  
Date of incorporation or partnership agreement  
Date of dissolution  
Names, SSNs, Business addresses, and ownership percentage shareholders or partners  
Name and signature of applicant, Date signed

Form D: Vessel Information Form

Vessel name, ADF&G vessel number, USCG vessel number  
Registration number in other states: state and registration number  
Owner’s name and business address  
Vessel purchase date, if sold, date of sale, length overall  
Whether vessel is a processor  
Freezer capacity (in cubic feet)  
Whether leased to or by the applicant  
Lessees’ name, address, telephone number, begin date and end date of lease  
Name and signature of applicant and date signed

<b>Request for Application for Quota Share (Forms A through D), Respondent</b>	
Estimated number of respondents	6
Forms A+D, individuals = 2	
Forms B+D, existing corporations or partnerships = 2	

Forms C+D, dissolved corporations or partnerships = 2	
Number of responses per year	1
<b>Total annual responses</b>	<b>6</b>
Time requirement for each application	1 hr
<b>Total Time burden</b> (6 x 1)	<b>6 hr</b>
<b>Total personnel cost</b> (6 x \$25)	<b>\$150</b>
<b>Total miscellaneous cost</b> (\$3.42)	<b>\$3</b>
Postage (0.37 x 6 = 2.22)	
Photocopy (0.10 x 2 x 6 = 1.20)	

<b>Request for Application for Quota Share (Forms A through D), Federal Government</b>	
<b>Total annual responses</b>	<b>6</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (6 x 0.5)	<b>3 hr</b>
<b>Total personnel cost</b> (3 x \$25)	<b>\$75</b>

#### e. Letter of Appeal

New information in the QS application is compared with data compiled by NMFS. If any new data presented in an application are not consistent with the NMFS-compiled data, the applicant is notified of insufficient documentation and is provided 90 days opportunity to support his or her claim. If a claim remains unsupported after the time limit expires, the claim is denied. The applicant is offered 60 days in which to appeal. This appeals process provides the necessary due process for aggrieved applicants. A printed form is not used for an appeal. The applicant is required to request by letter that the IFQ Appeals Officer review the case of the QS applicant. NMFS' Office of Administrative Appeals recently completed the last received IFQ appeal and no new appeals have been submitted in several years.

<b>Letter of Appeal, Respondent</b>	
Estimated number of respondents	2
Number of responses per year	1
<b>Total annual responses</b>	<b>2</b>
Time requirement for each appeal	4
<b>Total Time burden</b> (2 x 4)	<b>8</b>
<b>Total personnel cost</b> (4 x \$25)	<b>\$100</b>
<b>Total miscellaneous cost</b> (\$0.94)	<b>\$1</b>
Postage (0.37 x 2 = 0.74)	
Photocopy (0.10 x 2 = 0.20)	

<b>Letter of Appeal, Federal Government</b>	
<b>Total annual responses</b>	<b>2</b>
Time requirement for each appeal	4
<b>Total Time burden</b> (2 x 4)	<b>8</b>
<b>Total personnel cost</b> (4 x \$25)	<b>\$100</b>

#### f. QS/IFQ Designated Beneficiary Form

The Designated Beneficiary form provides the options for survivorship privileges to immediate family members. QS holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death. If the QS holder does not leave a surviving spouse, he/she may name an immediate family member to be the beneficiary.

NMFS allows the transfer of IFQ only (lease) of any QS/IFQ transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder. This information is necessary to provide temporary transfer privileges to families of deceased QS holders in the absence of a surviving spouse.

The number of respondents is changed from 1000 to 500 to reflect current activity of this form.

### **QS/IFQ Designated Beneficiary Form**

#### **Block A – Instructions**

#### **Block B – Identification of QS holder**

Name and IFQ ID number

Date of birth

SSN (required) or Tax ID number

\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

Business mailing address (indicate whether permanent or temporary)

Business telephone number and FAX number

#### **Block C – Name of beneficiary**

Name and NMFS person ID (if applicable), date of birth

SSN (required) or Tax ID number

\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

Business mailing address (indicate whether permanent or temporary)

Business telephone number and FAX number

#### **Block D – Relationship of Beneficiary to QS Holder**

Indicate YES or NO whether beneficiary named on this form is the spouse of the QS holder

If NO, provide immediate relationship of the beneficiary to the QS holder

#### **Block E – Signature block**

Signature and printed name of QS holder, and date signed

If completed by an authorized agent, attach authorization

Signature, commission expiration date, and stamp of notary public

<b>QS/IFQ Designated Beneficiary Form, Respondent</b>	
Estimated number of respondents	500
Number of responses per year	1
<b>Total annual responses</b>	<b>500</b>
Time requirement for each form	0.5
<b>Total Time burden</b> (500 x 0.5)	<b>250 hr</b>
<b>Total personnel cost</b> (250 x \$25)	<b>\$6250</b>
<b>Total miscellaneous cost</b>	<b>\$285</b>
Postage (0.37 x 500 = 185)	
Photocopy (0.10 x 2 x 500 = 100)	

<b>QS/IFQ Designated Beneficiary Form, Federal Government</b>	
<b>Total annual responses</b>	<b>500</b>
Time requirement for each form	0.5
<b>Total Time burden</b> (500 x 0.5)	<b>250 hr</b>
<b>Total personnel cost</b> (250 x \$25)	<b>\$6250</b>

### **g. QS Holder Form: Identification of Ownership Interest**

Corporations, partnerships, and other non-individual entities (hereafter referred to as entities) must complete the QS Holder form initially to verify eligibility to participate in the halibut and sablefish IFQ Program or CDQ halibut program:

To determine if persons who hold QS have exceeded their allowable use limits; and

To determine if the status of an entity has changed.

With certain changes to an entity that holds catcher vessel QS, the entity may no longer hire a skipper to fish the IFQ resulting from the QS it holds and must transfer its QS to a qualified individual. Entities that have been issued QS but were dissolved or have acquired additional shareholders or partners are not eligible to fish the IFQ resulting from that QS. Any “changes,” as defined at 50 CFR part 679.42(j), in the structure of the entity must be reported to NMFS within 15 days of the change.

In addition to the information needs to identify first-time applicants, collection of ownership interest information enables NMFS to determine compliance with the following requirements:

To affirm the entity’s continuing existence;

To ensure corporations and partnerships are not erroneously issued annual IFQ resulting from the collectively held QS; and

To determine indirect ownership of vessels for purposes of the hired skipper provisions of the IFQ program.

#### **QS Holder form: Identification of Ownership Interest**

Indicate name of QS holder

##### **Block A – Identification of QS holder**

Indicate YES or NO whether this business is a publicly held corporation

Indicate YES or NO whether this is a corporation or partnership

If YES, indicate YES or NO whether this corporation or partnership is still active

Indicate YES or NO whether this is an estate that has been probated

If YES, provide date probate was finalized

##### **Block B – Identification of Shareholders, Partners, Joint Venturers, Successor-In-Interests**

(If ownership consists of separate or additional corporations or partnerships, the individual owners of those entities and the percentage of interest those individuals hold in their respective corporations or partnerships must also be listed)

Name

SSN (optional) or IFQ ID or Tax ID

Percent of interest held

Indicate Yes or NO whether these ownership percentages represent the addition of any new owners since QS was initially issued

##### **Block C – Signature Block**

Signature, printed name, title, and date of signature

Signature, commission expiration date, and stamp of notary public

<b>QS Holder Form: Identification of Ownership Interest, Respondent</b>	
Estimated number of respondents	25
Number of responses per year	1
<b>Total annual responses</b>	<b>25</b>
Time requirement for each application	2
<b>Total Time burden</b> (25 x 2)	<b>50 hr</b>
<b>Total personnel cost</b> (50 x \$25)	<b>\$1250</b>
<b>Total miscellaneous cost</b> (136.75)	<b>\$137</b>

Postage (0.37 x 25= 9.25)	
Photocopy (0.10 x25 = 2.50)	
Notary (5 x 25 = 125)	

<b>QS Holder Form: Identification of Ownership Interest, Federal Government</b>	
<b>Total annual responses</b>	<b>25</b>
Time requirement for each application	1
<b>Total Time burden</b> (25 x 1)	<b>25 hr</b>
<b>Total personnel cost</b> (25 x\$25)	<b>\$625</b>

<b>Annual Updates on the Status of Corporations and Partnerships QS, Respondent</b>	
Estimated number of respondents	500
Number of responses per year	1
<b>Total annual responses</b>	<b>500</b>
Time requirement for each application	0.5
<b>Total Time burden</b> (500 x 0.5)	<b>250 hr</b>
<b>Total personnel cost</b> (50 x\$25)	<b>\$1250</b>
<b>Total miscellaneous cost</b> (136.75)	<b>\$360</b>
Postage (0.37 x 500= 185)	
Photocopy (0.10 x 500 = 50)	
Notary (5 x 500 = 125)	

<b>Annual Updates on the Status of Corporations and Partnerships QS, Respondent</b>	
<b>Total annual responses</b>	<b>500</b>
Time requirement for each application	0.5
<b>Total Time burden</b> (500 x 0.5)	<b>250 hr</b>
<b>Total personnel cost</b> (50 x\$25)	<b>\$1250</b>

## **h. Application for Eligibility to Receive QS/IFQ**

Those persons who wish to receive QS/IFQ by transfer but did not have QS initially awarded to them must submit this application to receive a Transfer Eligibility Certificate (TEC). Only those who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery are eligible. Work in support of harvesting but not directly related to it is not considered harvesting crew work.

### **Application for Eligibility to Receive QS/IFQ**

#### **Block A – Applicant Information**

Name, date of birth, NMFS Person ID

SSN or Tax ID number

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

Business mailing Address (indicate whether permanent or temporary address)

Business telephone number and FAX number

Indicate YES or NO whether applicant is a U.S. citizen or U.S. corporation, partnership, or association of business entity

#### **Block B – Freezer Shares**

Indicate YES or NO whether this TEC is intended for an entity that wishes to buy or lease only category A quota shares

If YES and you are a corporation, partnership, or other non-individual entity, complete a QS holder:

Identification of Ownership Interest form.

If NO, stop here. You are not eligible to receive QS/IFQ by transfer

#### **Block C – Notary Certification-**

Printed name and signature of applicant and date signed  
 If completed by an authorized agent, attach authorization  
 Signature, commission expiration date, and stamp of notary

**Blocks D & E –Commercial Fishing Experience**

Species  
 Gear type  
 Location  
 Begin date and end date of fishing experience  
 Number of actual days spent harvesting fish  
 Duties performed while directly involved in the harvesting of fish  
 Vessel name and ADF&G vessel registration number or USCG documentation number  
 Name of vessel owner and operator  
 Reference name, reference's relationship to applicant, business address, and telephone number

<b>Application for Eligibility to Receive QS/IFQ, Respondent</b>	
Estimated number of respondents	200
Number of responses per year	1
<b>Total annual responses</b>	<b>200</b>
Time requirement for each application	2 hr
<b>Total Time burden</b> (200 x 2)	<b>400 hr</b>
<b>Total personnel cost</b> (400 x \$25)	<b>\$10000</b>
<b>Total miscellaneous cost</b>	<b>\$1094</b>
Postage (0.37 x 200 = 74)	
Photocopy (0.10 x 200 = 20)	
Notary (5 x 200 = 1000)	

<b>Application for Eligibility to Receive QS/IFQ, Federal Government</b>	
<b>Total annual responses</b>	<b>200</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (200 x 0.1)	<b>400 hr</b>
<b>Total personnel cost</b> (100 x \$25)	<b>\$2500</b>

**i. Application for Transfer of QS/IFQ to or from a Community Quota Entity (CQE) (New)**

Note that this application form is only to be used to apply for a transfer of QS or IFQ to or from a CQE.

Any party to whom the QS/IFQ is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC) and that, if the application is to permanently transfer QS from a CQE to another party, the application must be signed by a representative of the community for whom the CQE holds the QS.

The following determinations are required for each eligible community represented by that CQE:

An individual applying to receive IFQ from QS held by a CQE is an eligible community resident of the eligible community in whose name the CQE is holding QS;

The CQE applying to receive or transfer QS, has submitted a complete annual report(s);

The CQE applying to transfer QS has provided information on the reasons for the transfer;

The CQE applying to receive QS is eligible to hold QS on behalf of the eligible community in the halibut or sablefish regulatory area designated for that eligible community in Table 21 to 50 CFR part 679;

The governing body of the eligible community has authorized the transfer of QS; and

The CQE applying to receive QS has received notification of approval of eligibility to receive QS/IFQ for that community

**Application for Transfer of QS/IFQ to or from a CQE (New)**

**Block A – General Requirements**

**Block B – Identification of Proposed Transferor (Seller)**

Full name as it appears on QS Certificate or TEC and NMFS Person ID number

Date of birth

SSN or Tax ID number

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

If proposed transferor is a CQE, name of community represented by the CQE

Business mailing address (indicate whether permanent or temporary)

Business telephone number, FAX number and e-mail address

**Block C – Identification of Proposed Transferee (Buyer)**

Name and NMFS Person ID number

Date of birth

SSN or Tax ID number

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

If proposed transferee is a CQE, name of community represented by the CQE

Business mailing address (indicate whether permanent or temporary)

Business telephone number, FAX number, and e-mail address

**Block D – Questions for Transferee (Buyer)**

Indicate YES or NO whether QS is to be included in a sweep-up

If YES, list the identifier on the QS certificate into which this new piece should be combined

If this is a transfer of Catcher vessel CDQ compensation QS and the vessel category was not declared, indicate the QS vessel category in which you would like to have your QS issued.

**Block E – Identification of QS/IFQ to be Transferred**

Complete Block F if QS and IFQ are to be transferred together or to transfer QS only.

Number of QS units to be transferred

Designation of QS, as shown on the QS certificate: from and to

Community to which QS are currently assigned (if applicable)

Indicate YES or NO whether all remaining pounds for the current fishing year should be transferred

If NO, number of pounds to be transferred

**Block F – Transfer of IFQ only (lease of IFQ)**

(Pertains only to proposed transfers from CQEs to qualifying community members)

Identification of IFQ to be transferred: Permit number and year

Actual number of IFQ pounds being transferred

**Block G – Required Supplemental Information -- (to be completed by proposed transferor)**

Indicate the reason(s) transfer being proposed

(check all that apply and provide a brief explanation on a separate sheet)

Indicate YES or NO whether a broker is used for this transaction

If YES, indicate amount paid in brokerage fees or percentage of total price

Indicate total amount paid for the QS/IFQ in this transactions, including all fees

Provide the price per unit of QS and the price per pound of IFQ

Indicate reason applying to transfer QS/IFQ (check all that apply)

**Block H – Required Supplemental Information -- (to be completed by proposed transferee)**

Indicate YES or NO whether the QS/IFQ will have a lien attached

If YES, identify the person who will hold the lien

Indicate primary source of financing for this transfer (check one)

Indicate how the QS/IFQ was located (check all that apply)

Indicate relationship to the transferor (check all that apply)

Indicate YES or NO whether an agreement exists to return the QS or IFQ to the transferor or any other

person or a condition place on resale.

If Yes, explain

**Block I – Certification of Transferor (Seller)**

Printed name and signature of Transferor and date signed

If completed by an authorized agent, attach authorization

Signature, commission expiration date, and stamp of notary

**Block J – Certification of Transferee (Buyer)**

Printed name and signature of Transferee and date signed.

If completed by an authorized agent, attach authorization.

Signature, commission expiration date, and stamp of notary

**Block K – Certification of CQE Community Representative –**

(required when CQE proposes to permanently transfer QS)

Printed name and signature of Community Representative and date signed

Signature, commission expiration date, and stamp of notary

<b>Application for Transfer of QS/IFQ to and from a CQE, Respondent</b>	
Estimated number of respondents	42
Number of responses per year	2
<b>Total annual responses</b>	<b>84</b>
Time requirement for each application	2 hr
<b>Total Time burden</b> (84x 2)	<b>168 hr</b>
<b>Total personnel cost</b> (168 x \$25)	<b>\$4200</b>
<b>Total miscellaneous cost</b>	<b>\$485</b>
Postage (84 x .37 = 31.08)	
Photocopy (4 pages x 0.10 x 84 = 33.60)	
Notary (\$5 x 84 = 420)	

<b>Application for Transfer of QS/IFQ to and from a CQE, Federal Government</b>	
<b>Total annual responses</b>	<b>84</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (84x 0.5)	<b>42 hr</b>
<b>Total personnel cost</b> (42 x \$25)	<b>\$1050</b>

**j. Application for Transfer of QS/IFQ**

This transfer application previously was approved under OMB NO. 0648-0272 to document QS transfers and IFQ leases. In 2003, NMFS revised the form to include transfers and leases by a CQE. In this action, that change is reversed, and the CQE information is removed and placed in a separate application.

The form allows NMFS to monitor the transfer of QS both purchased and sold. Transfers of QS and IFQ are regulated to prevent over-consolidation, to accommodate divestiture requirements at 50 CFR part 679.42(j), to promote an owner-operator IFQ fleet, and to allow new entrants into the fishery. The information required by this application is necessary to ensure that QS and IFQ are transferred in compliance with the regulations governing the buying and selling of QS and the leasing of IFQ. This application for transfer must be completed, signed by both the buyer and seller, and notarized. Collectively held QS must be transferred to a qualified individual upon any change in a corporation or partnership.

**Transfer Upon Deceased QS Holder (Formerly Notification of Inheritance of QS).** Any person that receives title to QS by inheritance or court order must notify NMFS and provide an affidavit, court order, or some other form of substantiating evidence supporting the transaction. Any person that receives title to QS in this manner may not use the IFQ resulting from it to harvest



sablefish or halibut with fixed gear until the QS transfer is approved by NMFS. Any person that wishes to substantiate the death or dissolution of a QS holder, or that receives title to QS by inheritance or court order and that wishes to transfer title to the QS on behalf of the deceased person or his/her estate, must:

- (a) Request a transfer to NMFS for approval under rules that govern the IFQ program;
- (b) Establish the death or dissolution of the QS holder; and
- (c) Provide proof of representation to conduct such business as authorized by the Court or other appropriate authorizing body.

**Transfer Sweep-up.** A separate “Sweep-up” Form is to be used by a single person who wishes to combine his/her own individual holdings by sweeping them together -- a "self sweep-up". The regular transfer form is for two different parties who are transferring from one person to another. They can request on this form that QS be swept up with QS already held by the buyer (transferee).

**Application for Transfer of QS and IFQ**

**Block A -- Transfer Eligibility Certificate (TEC)**

Indicate YES or NO whether transferee (buyer) holds a TEC

**Block B – Attachment Checklist**

Use this list to ensure application is complete.

**Block C – Transferor (Seller) Information**

Full name as it appears on QS Certificate or Transfer Eligibility Certificate and NMFS Person ID number

Date of birth

SSN or Tax ID number

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Business mailing address (indicate whether permanent or temporary)

Business telephone number and FAX number

**Block D – Transferee (Buyer) Information**

Name and NMFS Person ID number

Date of birth

SSN or Tax ID number

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Business mailing address (indicate whether permanent or temporary)

Business telephone number and FAX number

**Block E – Questions for Transferee (Buyer)**

Indicate YES or NO whether QS is to be included in a sweep-up

If YES, list the identifier on the QS certificate into which this new piece should be combined

If this is a transfer of Catcher vessel CDQ compensation QS and the vessel category was not declared, indicate the QS vessel category in which you would like to have your QS issued.

**Block F – Identification of QS and IFQ to be Transferred**

Complete Block F if QS and IFQ are to be transferred together or to transfer QS only.

Whether Halibut or sablefish

IFQ Regulatory area

Vessel category

Number of QS units to be transferred

Seller IFQ permit number

Start and end serial numbers of QS to be transferred

Indicate YES or NO whether all remaining pounds for the current fishing year should be transferred

If NO, number of pounds to be transferred

**Block G – Transfer of IFQ only**

Complete Block G if requesting transfer of IFQ only (applies only to Category A and surviving Spouse IFQ)

Whether Halibut or sablefish

IFQ regulatory area

Number of units to be transferred

Start and end serial numbers of IFQ to be transferred

Actual number of IFQ pounds being transferred

Seller IFQ permit number

Fishing year

**Block H – Required Supplemental Information** (completed by seller)

Indicate YES or NO whether a broker is used for this transaction

If YES, how much is paid in brokerage fees or % of total price

Total amount being paid for the QS/IFQ in this transaction, including all fees

Price per unit of QS

Price per pound of IFQ

Reasons for transferring the QS/IFQ (check all that apply)

**Block I – Required supplemental information** (completed by buyer)

Indicate YES or NO whether QS/IFQ being purchased will have a lien attached

Indicate primary source of financing for this transfer (check one)

Indicate how the QS/IFQ was located (check all that apply)

Indicate Buyer's relationship to the QS/IFQ Holder (check all that apply)

Indicate YES or NO whether an agreement exists to return QS or IFQ to Seller  
or any other person, or a condition placed on resale

If YES, explain

**Block J – Transferor (Seller) Signature Block**

Printed name and signature of Transferor and date signed

If completed by an authorized agent, attach authorization

Signature, commission expiration date, and stamp of notary

**Block K – Transferee (Buyer) Signature Block**

Printed name and signature of Transferee and date signed.

If completed by an authorized agent, attach authorization.

Signature, commission expiration date, and stamp of notary

**Application for Transfer of QS/IFQ by Sweep-up (short form)**

This form is a short form of the Application for Transfer of QS/IFQ to be used by persons who wish to combine (sweep-up) the transferred block together with a block already held. Blocked QS may be swept up into one block if the total amount of QS being combined is less than or equal to established amounts of QS units per area. To be combined, QS must be in the same vessel category, and the resulting block size must not exceed the sweep-up limits.

**Application for Transfer of QS/IFQ by Sweep-up (short form)**

**Block A -- Instructions**

**Block B -- Sweep-up limits**

**Block C -- Applicant information (rev)**

Applicant name, date of birth, SSN or Tax ID number

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Business mailing address (indicate whether permanent or temporary)

Business telephone number and FAX number

**Block D -- First Quota Shore Block**

Halibut or sablefish

IFQ Regulatory area  
 Vessel category  
 Number of QS units to be swept up  
 Start and end serial numbers of QS to be transferred

**Block E — Second Quota share Block**

Halibut or sablefish  
 IFQ Regulatory area  
 Vessel category  
 Number of QS units to be swept up  
 Start and end serial numbers of QS to be transferred

**Block F – Signature Block**

Signature and printed name of QS holder and date signed  
 If completed by an authorized agent, attach authorization  
 Signature, commission expiration date, and stamp of notary public

<b>Application for Transfer of QS and IFQ, Respondent</b>	
Estimated number of respondents	1000
Number of responses per year	1
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each application	2 hr
<b>Total Time burden</b> (1000x 2)	<b>2000 hr</b>
<b>Total personnel cost</b> (2000 x \$25)	<b>\$50000</b>
<b>Total miscellaneous cost</b> (6254.68)	<b>\$5770</b>
Postage (1000 x .37 = 370)	
Photocopy (4 pages x 0.10 x 1000 = 400)	
Notary (\$5 x 1000 = 5000)	

<b>Application for Transfer of QS and IFQ, Federal Government</b>	
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (1000x 0.5)	<b>500 hr</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12500</b>

**k. Application for replacement of certificates, permits, or cards**

This form allows for replacement of lost QS Certificates, IFQ Permits, or IFQ cards. In addition, replacement of all other management programs permits or cards offered by NMFS Alaska Region may be replaced by submittal of this form to NMFS.

**Application for replacement of certificates, permits, or cards**

**Block A – Identification of Applicant**

Name, date of birth, NMFS Person ID  
 SSN (optional) or Tax ID number

**Privacy Act Statement:** Federal regulations at 50 CFR Part 679 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records

Business mailing address (indicate whether temporary or permanent)  
 Business telephone number and FAX number

**Block B – Replacement Request**

Indicate certificates, card, or permits to be replaced (check only items that apply)

QS certificate

Units, area, species, vessel category

Indicate YES or NO whether this QS certification is requested for a pending QS/IFQ transfer

IFQ fishing permit

Permit number and species  
 IFQ/CDQ landing card for individual permit holder  
 Permit number and species  
 Hired skipper card (landing card)  
 Permit number, skipper name, skipper NMFS person ID  
 Application must be completed and signed by permit holder only)  
 Transfer eligibility certificate (TEC)  
 NMFS person ID  
 Registered Buyer permit  
 Permit number  
 Subsistence halibut registration number  
 Federal fisheries/processor permits  
 Permit number  
 If a vessel, ADF&G vessel registration number  
 Scallop license limitation license (SLLP)  
 License number  
 License limitation license (LLP)  
 Crab license number  
 Groundfish license number  
 American Fisheries Act (AFA) permit  
 Permit number  
 If a vessel, USCG documentation number and ADF&G vessel registration number

**Block C – Reason for replacement Request**

Check one; if checked “other” describe

**Block D – Certification Block**

Signature and printed name of applicant and date signed

If completed by authorized agent, attach authorization

Signature, commission expiration date, and stamp of notary

<b>Application for Replacement of Certificates, Permits, or Cards, Respondent</b>	
Estimated number of respondents	1000
Number of responses per year	1
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (1000 x 0.5)	<b>500 hr</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12500</b>
<b>Total miscellaneous cost</b>	<b>\$5470</b>
Postage (0.37 x 1000 = 370)	
Photocopy (0.10 x 1000 = 100)	
Notary (5 x 1000 = 5000)	

<b>Application for Replacement of Certificates, Permits, or Cards, Federal Government</b>	
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each application	0.5 hr
<b>Total Time burden</b> (1000 x 0.5)	<b>500 hr</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12500</b>

## **I. Request for Automated Transaction Terminal/Printer (ATM)**

This form is used to request that an ATM be supplied by NMFS. ATMs are required to submit IFQ halibut, IFQ sablefish, and CDQ halibut landing reports. The number of ATMs available from NMFS may not always be sufficient to meet all requests. NMFS requests the address or location of expected activity to determine an appropriate location for a single ATM in a convenient public place, such as a Harbor master office, to meet the needs of multiple applicants. When an ATM is supplied by NMFS, the ATM remains the property of the U.S. Government.

**Request for Transaction Terminal**

Name of business

Business mailing address (indicate whether permanent or temporary)

Name of contact person

Business telephone number and FAX number

Registered Buyer permit number

Terminal location; whether fixed or mobile

If fixed, physical address where terminal will be located

If mobile, location of expected activity (lat/long or primary port)

Signature, printed name, and title of representative and date signed

<b>Request for Transaction Terminal, Respondent</b>	
Estimated number of respondents	10
Number of responses per year	1
<b>Total annual responses</b>	<b>10</b>
Time requirement for each request	0.2 hr
<b>Total Time burden</b> (10 x 0.2)	<b>2 hr</b>
<b>Total personnel cost</b> (2 x \$25)	<b>\$50</b>
<b>Total miscellaneous cost</b> (4.70)	<b>\$5</b>
Postage (0.37 x 10 = 3.70)	
Photocopy (0.10 x 10 = 1)	

<b>Request for Transaction Terminal, Federal Government</b>	
<b>Total annual responses</b>	<b>10</b>
Time requirement for each request	0.2 hr
<b>Total Time burden</b> (10 x 0.2)	<b>2 hr</b>
<b>Total personnel cost</b> (2 x \$25)	<b>\$50</b>

**m. IFQ Administrative Waiver**

A request for an administrative waiver is received by telephone at a Government-provided toll-free number (or, in rare cases, by marine radio) from fishermen participating in IFQ fisheries. A waiver is completed by NOAA Fisheries Office of Law Enforcement (OLE), Juneau to document a request for an administrative waiver from one of the following requirements. The waiver is granted at the discretion of the clearing officer:

Six-hour Prior of Notice of Landing --

issued to a vessel to land fish before the required 6 hours

12-hour IFQ Landing Window --

issued to a vessel that lands fish after hours: after 1800 and before 0600.

Electronic Landing Report requirement -- issued due to transaction terminal failure.

IFQ cardholder onboard requirement --

issued for the IFQ cardholder to not be on board in extreme personal emergencies.

**IFQ Administrative Waiver**

Toll-free telephone calls to OLE; completed by OLE

Date and time of waiver

Vessel name and ADF&amp;G vessel registration number

All IFQ permit numbers

Prior Notice confirmation number (if applicable)

Registered Buyer name and permit number (if applicable)

Requirement being waived.

<b>IFQ Administrative Waiver, Respondent</b>	
Estimated number of respondents	1000

Number of responses per year	1
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each request	0.1 hr
<b>Total Time burden</b> (1000 x 0.1)	<b>100 hr</b>
<b>Total personnel cost</b> (100 x \$25)	<b>\$2500</b>

<b>IFQ Administrative Waiver, Federal Government</b>	
<b>Total annual responses</b>	<b>1000</b>
Time requirement for each request	0.1 hr
<b>Total Time burden</b> (1000 x 0.1)	<b>100 hr</b>
<b>Total personnel cost</b> (100 x \$25)	<b>\$2500</b>

#### **n. Prior Notice of Landing (PNOL)**

The objective of the PNOL is to provide the IPHC monitoring personnel and NOAA Fisheries Office for Law Enforcement (OLE) personnel advance notice of vessel IFQ landings. No fewer than three hours prior to making an IFQ landing, the operator of any vessel intending to make a landing of IFQ halibut, CDQ halibut, or IFQ sablefish must submit a PNOL to OLE. The PNOL alerts OLE of legal landings and allows monitoring personnel to query the IFQ data center to determine if the permit holder has enough IFQ pounds available in the account to cover the amount being landed and to afford the opportunity to observe the offload.

The PNOL is submitted to OLE, Juneau, AK by toll-free telephone or the marine operator, unless an administrative waiver is granted by a clearing officer. Regulations at 50 CFR part 679 authorize exemptions from submittal of the PNOL for fishermen landing less than 500 lb of halibut incidentally with legal landings of ling cod harvested with dinglebar gear or legal landings of salmon. A landing completed without a PNOL results in a notice of violation -- to be investigated by OLE for that landing.

Data on gear type are necessary to ensure compliance with the PNOL requirement, because some reporting exemptions are gear-based. Also, such data are used by the IPHC to assist with harvest monitoring, and by NMFS and the Council to show gear use, project bycatch rates for non-IFQ fish in the IFQ fishery, and to support analyses for seasonal apportionments and other allocation proposals.

#### **Prior notice of landing**

Toll-free telephone call to OLE; completed by OLE

Vessel name and ADF&G vessel registration number

Landing information

Port of landing

Exact location of landing within the port

(dock name, harbor name, facility name, or geographical coordinates)

Date and time that the landing will take place

Estimated halibut weight

Estimated sablefish weight

IFQ regulatory area(s) in which the IFQ halibut or IFQ sablefish were harvested;

IFQ or CDQ permit number(s) that will be used to land the IFQ halibut or IFQ sablefish

Gear type reported by the cardholder

<b>Prior notice of landing, Respondent</b>	
Estimated number of respondents	1042
Number of responses per year	10
<b>Total annual responses</b>	<b>10420</b>

Time requirement for each PNOL	0.2 hr
<b>Total Time burden</b> (10420 x 0.2)	<b>2084 hr</b>
<b>Total personnel cost</b> (2084 x \$25)	<b>\$52100</b>

<b>Prior notice of landing, Federal Government</b>	
<b>Total annual responses</b>	<b>10420</b>
Time requirement for each PNOL	0.2 hr
<b>Total Time burden</b> (10420 x 0.2)	<b>2084 hr</b>
<b>Total personnel cost</b> (2084 x \$25)	<b>\$52100</b>

#### **o. Electronic Landing report**

The IFQ cardholder must initiate a landing report of sablefish and halibut landed upon arrival at the dock by using his or her own magnetic card and personal identification number (PIN). A properly concluded transaction terminal receipt or manual landing report receipt received by FAX from OLE, Juneau, constitutes confirmation that NMFS received the landing report and that the cardholder's account was properly debited. After the Registered Buyer enters the landing data in the transaction terminal and a receipt is printed, the IFQ cardholder must sign the receipt. Both the Registered Buyer and the IFQ cardholder must retain legible copies of the receipt.

The ATM information is automatically provided to the NMFS database for timely fishery monitoring driven by custom-designed software, provided and/or specified by NMFS, Alaska Region. The ATMs are equipped with printers so that copies of the transaction are available for the Registered Buyer. Some information is automatically derived from the IFQ card, CDQ halibut card, or the IFQ/CDQ database when the ATM procedure is used. This electronic system enables immediate confirmation that adequate IFQ pounds exist in the account to cover the landing and affords the cardholder instant access to updated account information.

The fish ticket number provides important management information. ADF&G vessel number is used for enforcement of the regulations imposing a cap on the amount of IFQ that may be used by any one vessel. The ADF&G statistical area information is needed so that the fisherman may verify that IFQ species were harvested only in areas for which cardholders making the landing have IFQ. Information on gear-type is necessary to distinguish long-liners from trollers, who in certain instances are exempt from the Six-hour Prior Notice of IFQ Landing Requirement and the 12-hour IFQ landing window.

The ATM system with card swipe will be replaced completely by Internet reporting in February 2005.

#### **Electronic landing report**

- Date and time (A.I.t.) of landing
- Location of IFQ landing (port code or if at sea, latitude and longitude)
- Name, permit number, and PIN number of IFQ cardholder or CDQ cardholder
- Name, permit number, and password of Registered Buyer receiving the IFQ halibut, IFQ sablefish, or CDQ halibut
- Harvesting vessel's name and ADF&G vessel registration number
- Initial accurate scale weight (lb or nearest 0.001mt) with or without ice and slime at the time of offloading
- Gear code used to harvest IFQ species
- ADF&G statistical area of harvest
- Species and product codes

ADF&G Fish ticket number

If vessel operator is the Registered Buyer reporting the landing, accurate weight of IFQ sablefish processed product obtained before the offload may be substituted for the initial accurate scale weight

Registered Buyer and IFQ cardholder or CDQ cardholder must sign printed receipt

### Manual landing report

If a waiver from use of an electronic landing report is granted by OLE, Juneau, AK, the manual landing report must contain the following information

Whether manual landing report is original or revised

Date, time, and location (lat and long if at sea) of the IFQ landing

Name of the IFQ card holder and Registered Buyer

Halibut IFQ/CDQ permit number, Sablefish IFQ/CDQ Permit No., and Registered Buyer permit number

Harvesting vessel's name, ADF&G vessel registration number, and gear code

ADF&G statistical area of harvest

If ADF&G statistical area is bisected by a line dividing two IFQ regulatory areas, the IFQ regulatory area of harvest reported by the IFQ cardholder

For each ADF&G statistical area

Whether ice and slime is present

Whether halibut is incidental

Alaska State fish ticket number(s)

Species code and product code,

Product weight sold (lb), and

Product weight retained (lb)

Registered Buyer signature, FAX number, and contact number

IFQ/CDQ cardholder's signature

NOAA Enforcement signature

<b>Electronic Landing Report, Respondent</b>	
Estimated number of respondents	1042
Number of responses per year	15
<b>Total annual responses</b>	<b>15630</b>
Time requirement for each report	0.3 hr
<b>Total Time burden</b> (15630 x 0.3)	<b>4689 hr</b>
<b>Total personnel cost</b> (4689 x \$25)	<b>\$117225</b>
<b>Total miscellaneous cost</b>	<b>\$18780</b>
15,000 Internet submittal (\$1 x 15,000=15,000)	
630 FAX submittal (\$6 x 630=3780)	

<b>Electronic Landing Report, Federal Government</b>	
<b>Total annual responses</b>	<b>15630</b>
Time requirement for each report	0.1 hr
<b>Total Time burden</b> (15630 x 0.1)	<b>1563 hr</b>
<b>Total personnel cost</b> (1563 x \$25)	<b>\$39075</b>

### p. IFQ Departure Report

The IFQ Departure Report may be submitted only after completion of all IFQ fishing and prior to departing the waters of the EEZ adjacent to the jurisdictional waters of the State of Alaska, the territorial sea of the State of Alaska, or the internal waters of the State of Alaska. If intending to make an IFQ landing at any location other than in an IFQ regulatory area or in the State of Alaska, the vessel operator must submit an IFQ Departure Report to OLE by toll-free telephone.

### IFQ Departure report

Intended date, time (A.L.T.), and location of landing

Vessel name and ADF&G vessel registration number

Halibut IFQ, halibut CDQ, and Sablefish IFQ permit numbers



Vessel operator's name and IFQ Registered Buyer permit number  
 Estimated total weight of IFQ halibut or CDQ halibut on board (lb/kg/mt)  
 Estimated total weight of IFQ sablefish on board (lb/kg/mt)  
 Halibut Regulatory Areas or Sablefish Regulatory Areas of harvest or both

<b>IFQ Departure Report, Respondent</b>	
Estimated number of respondents	60
Number of responses per year	1
<b>Total annual responses</b>	<b>60</b>
Time requirement for each report (15 min/60 min)	0.25 hr
<b>Total Time burden</b> (60 x 0.25)	<b>15 hr</b>
<b>Total personnel cost</b> (15 x \$25)	<b>\$375</b>

<b>IFQ Departure Report, Federal Government</b>	
<b>Total annual responses</b>	<b>60</b>
Time requirement for each report (15 min/60 min)	0.25 hr
<b>Total Time burden</b> (60 x 0.25)	<b>15 hr</b>
<b>Total personnel cost</b> (15 x \$25)	<b>\$375</b>

#### q. Transshipment Authorization

If a person intends to transship processed IFQ halibut, IFQ sablefish, or CDQ halibut between vessels, authorization from a OLE clearing officer to do so must be obtained for each instance of transshipment. The request should be made at least 24 hr before the transshipment is intended to commence.

##### Transshipment authorization

Time, date, and location of transshipment  
 Vessel name and ADF&G vessel registration number transshipment from  
 Vessel name transshipment to  
 Product destination  
 Registered Buyer name and number  
 IFQ/CDQ permit numbers  
 Species and Product type codes and product weight of transshipment  
 Request date and time  
 Requestor's name, telephone number and FAX number

<b>Transshipment Authorization, Respondent</b>	
Estimated number of respondents	25
Number of responses per year	1
<b>Total annual responses</b>	<b>25</b>
Time requirement for each telephone call	0.2 hr
<b>Total Time burden</b> (25 x 0.2)	<b>5 hr</b>
<b>Total personnel cost</b> (5 x \$25)	<b>\$125</b>

<b>Transshipment Authorization, Federal Government</b>	
<b>Total annual responses</b>	<b>25</b>
Time requirement for each telephone call	0.2 hr
<b>Total Time burden</b> (25 x 0.2)	<b>5 hr</b>
<b>Total personnel cost</b> (5 x \$25)	<b>\$125</b>

#### r. Dockside sales receipt (*no form*)

A person holding a valid IFQ permit, IFQ card, and Registered Buyer permit may conduct a dockside sale of IFQ halibut or IFQ sablefish to a person who has not been issued a Registered

Buyer permit and must issue a dockside sales receipt in lieu of a shipment report. The purpose of reporting the amount of IFQ fish involved in a dockside sale is to provide OLE with the ability to monitor and inspect the shipment of IFQ fish to determine whether there was proper accounting for all IFQ fish landed.

#### **Dockside sales receipt**

Date of sale or transfer  
Registered buyer permit number  
Fish product weight of the IFQ sablefish or IFQ/CDQ halibut transferred to each individual  
Species code  
Product type  
Number of shipping units  
Name of shipper  
Details of the shipping means and route  
Confirmation number issued by the credit card transaction

<b>Dockside Sales Receipt, Respondent</b>	
Estimated number of respondents	1000
Number of responses per year	5
<b>Total annual responses</b>	<b>5000</b>
Time requirement for each receipt	0.1 hr
<b>Total Time burden</b> (5000 x 0.1)	<b>500 hr</b>
<b>Total personnel cost</b> (500 x \$25)	<b>\$12500</b>

<b>Dockside Sales Receipt, Federal Government</b>	
<b>Total annual responses</b>	<b>0</b>
<b>Total Time burden</b> (5000 x 0.1)	<b>0 hr</b>
<b>Total personnel cost</b>	<b>0</b>

#### **s. Application to Become a Community Quota Entity (CQE)**

A non-profit corporate entity that meets specific criteria to receive transferred halibut or sablefish QS on behalf of an eligible community may lease the resulting IFQ to fishermen who are residents of the eligible community. Communities eligible to participate in this program would need to meet all of the following criteria:

- (a) Have a population of less than 1,500 persons based on the 2000 United States Census;
- (b) Have direct saltwater access;
- (c) Lack direct road access to communities with a population greater than 1,500 persons;
- (d) Have historic participation in the halibut and sablefish fisheries; and
- (e) Be specifically designated on a list adopted by the Council.

NMFS requires information to establish the eligibility of the CQEs to hold QS, monitor the participation of the eligible communities in this program, gather information on the distribution of QS and IFQ among these communities, and receive an annual report from each CQE. This information is used both to evaluate the ability of the specific CQE to represent an Eligible GOA community and to augment fisheries management efforts.

This application procedure is required for each non-profit entity seeking to become a CQE representing a specific community. The Application to Become a CQE would be submitted prior to the transfer of any QS to a CQE representing any community. This application is due only once, unless a particular eligible community withdraws support from a specific CQE. For purposes of estimating burden hours, this situation is unlikely to arise, and the application

process would not need to be resubmitted more than once every five years.

### **Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)**

#### **Block A—Identification of applicant**

Name of nonprofit organization  
 Taxpayer ID  
 Permanent business mailing address  
 Name of contact person  
 Business telephone number, FAX number, and e-mail address  
 Name of community represented by nonprofit organization  
 Name of contact for community governing body

#### **Block B – Required Information**

Checklist of required attachments

The non-profit organization applying to become a Community Quota Entity must provide all of the documentation listed in this section. This information is used both to evaluate the ability of the non-profit applicant to represent an Eligible GOA community and to ensure the non-profit has the support of the community's government body.

Applicant's Articles of Incorporation

Applicant's Corporate By-laws

A list of the applicant's key personnel, including its Board of Directors and Officers

The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships

A statement designating the eligible Gulf of Alaska coastal community (ies) that the entity seeks to represent

An explanation of how the applicant will manage QS/IFQ on behalf of the community (ies) it seeks to represent

An explanation of the applicant's administrative stability and competence, including the resumes of key management personnel

A statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ

Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality or a tribe) that unambiguously designates the applicant as the community's representative and CQE

#### **Block C -- Certification**

Printed name, signature, and date signed

Signature, date when commission expires, and stamp of Notary

<b>Application to Become an CQE, Respondent</b>	
Estimated number of respondents	42
<b>Total annual responses</b> (42/5 yr)	<b>8.4</b>
Time requirement for each application	200 hr
<b>Total Time burden</b> (8.4 x 200)	<b>1680 hr</b>
<b>Total personnel cost</b> (\$150 x 1680)	<b>\$252000</b>
<b>Total miscellaneous cost</b> (14.32)	<b>\$14</b>
Postage (8.4 x 1.11 = 9.32)	
Photocopy (50 pages x 0.10 = 5)	

<b>Application to Become an CQE, Federal Government</b>	
<b>Total annual responses</b>	<b>8</b>
Time requirement for each application	4 hr
<b>Total Time burden</b> (8 x 4)	<b>32 hr</b>
<b>Total personnel cost</b> (32 x \$25)	<b>\$800</b>

### **t. CQE Annual Report**

Each CQE must submit an annual report by January 31 summarizing halibut and sablefish IFQ activities for the prior fishing year, for each community represented by the CQE to NMFS and to the governing body. This report will provide NMFS and the community with a means of

assessing the efficacy of the program on an annual basis and during the 5 year review scheduled for this program. Much of the information on this report will be available for participants through a review of the CQE's records and should not require extensive new data collection or gathering. A complete annual report must contain the following information:

#### **CQE Annual Report**

Identification of the eligible community, or communities, being represented by the CQE (optional);  
 Total amount of halibut QS and sablefish QS held by the CQE at the start of the calendar year and at the end of the calendar year (optional);  
 Total amount of halibut QS and sablefish QS held by the CQE at the start of the calendar year and at the end of the calendar year (optional);  
 Total amount of halibut and sablefish IFQ leased from the CQE (optional);  
 Name, business addresses, and amount of halibut and sablefish IFQ received by each individual to whom the CQE leased IFQ (optional).  
 Name, ADF&G vessel registration number, USCG documentation number, length overall, and homeport of each vessel from which the IFQ leased from community owned QS was fished.  
 Name and business addresses of those individuals employed as crew members when fishing the IFQ derived from the QS held by the CQE.  
 Detailed description of the criteria used by the CQE to distribute IFQ leases among eligible community residents;  
 Description of efforts made to employ crew members who are eligible community residents of the eligible community aboard vessels on which IFQ derived from QS held by a CQE is being fished;  
 Description of the process used to solicit lease applications from eligible community residents of the eligible community on whose behalf the CQE is holding QS;  
 Names and business addresses and amount of IFQ requested by each individual applying to receive IFQ from the CQE  
 Any changes in the bylaws of the CQE, board of directors, or other key management personnel  
 Copies of minutes and other relevant decision making documents from CQE board meetings  
 The number of vessels that fished for IFQ derived from QS held by a CQE (optional)

<b>CQE Annual Report, Respondent</b>	
Estimated number of respondents	42
Number of responses per respondent	1
<b>Total annual responses</b>	<b>42</b>
Time requirement for each report	40 hr
<b>Total Time burden</b> (42 x 40)	<b>1,680 hr</b>
Personnel Cost per hour, in dollars	\$50/hr
<b>Total personnel cost</b> (1,680 x \$50)	<b>\$84,000</b>
<b>Total miscellaneous cost</b> Cost to submit by mail (\$5 x 42 x 2)	<b>\$420</b>

<b>CQE Annual Report, Federal Government</b>	
<b>Total annual responses</b>	<b>42</b>
Time requirement for each report	20 hr
<b>Total Time burden</b> (42 x 20)	<b>840 hr</b>
<b>Total personnel cost</b> (840 x \$25)	<b>\$21,000</b>

#### **u. Approval of Transfer from governing body**

As part of the transfer application described in paragraph 2i, the governing body of the eligible community must provide an authorization for the transfer. This authorization is intended to ensure that the community is fully aware of the transfer because certain restrictions apply to future transfers if the transfer of QS is for a reason other than to sustain, improve, or expand the program (i.e., the CQE would be prohibited from holding QS on behalf of that community for a period of three years and the CQE must divest itself of all QS held on behalf of that community).

<b>Approval of Transfer from Governing Body, Respondent</b>	
Estimated number of respondents	42
Number of responses per respondent	2
<b>Total annual responses</b>	<b>84</b>
Time requirement for each report	0.5 hr
<b>Total Time burden</b> (84 x 0.5)	<b>42 hrs</b>
<b>Total personnel cost</b> (42 x \$25)	<b>\$1,050</b>
<b>Total miscellaneous cost</b> Cost to submit by mail (\$0.37 x 84)	<b>\$31</b>

<b>Approval of Transfer from Governing Body, Federal Government</b>	
<b>Total annual responses</b>	<b>84</b>
Time requirement for each report	0.25 hr
<b>Total Time burden</b> (84 x 25)	<b>21 hr</b>
<b>Total personnel cost</b> (21 x \$25)	<b>\$525</b>

**v. IFQ/CDQ Halibut Shipment Report [REMOVED]**

**w. IFQ/CDQ Vessel Clearance [REMOVED]**

It is anticipated that the information collected will be disseminated to the public or used to support publicly disseminated information. As explained in the preceding paragraphs, the information gathered has utility. NOAA Fisheries will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.**

The IFQ Landing Report is submitted by use of a card-swipe data entry system on an ATM that is totally interactive. The landing reports also are available on a PC-based Internet reporting system. The Internet version of the landing report will replace the ATM landing report by February 2005.

An additional option for data entry is forms and applications that are “fillable” on the computer screen at the NMFS Alaska Region Home Page at [www.fakr.noaa.gov](http://www.fakr.noaa.gov), except for those forms completed by OLE officers. These forms and applications may be completed on the computer screen by the participant, downloaded, printed, and Faxed to NMFS.

The IFQ Program was implemented to both maintain rigorous safeguards on use of fishing privileges for a public resource and to provide safeguards for program constituents. Use of notarized signatures (on certain applications) is the best way for NMFS to ensure that only authorized persons are granted privileges and that NMFS can act in certainty in accordance with requests for program services (such as issuance of a hired master permit) or commercial transactions (for transfers). By employing this widely accepted means of unequivocally

establishing the identity of submitters, this requirement removes ambiguity about whether constituents have specific knowledge of the terms and conditions of requested benefits. Notary certification is especially helpful to program participants in that it bars unauthorized persons from access to individual fishing and processing account privileges and business information, and from conducting highly valuable transfers of privileges. The requirement has in fact proven invaluable in enforcement investigations of fraud and in at least one adjudication about a high-value commercial transaction for which a NMFS program action was defensible based on its absolute certainty of the identity of the requestor afforded by the Notary signature.

**4. Describe efforts to identify duplication.**

None of the information collected as part of this information collection duplicates other collections. This information collection is part of a specialized and technical program that is not like any other.

**5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

This collection of information does not impose a significant impact on small entities.

**6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.**

Without the specified reporting scheme described in this support statement, the programs would be severely jeopardized. The programs could not be monitored nor the amount of fish taken and distributed by each participant be tracked. OLE could not determine individual compliance with the IFQ program and would have a difficult time inspecting shipments of sablefish and halibut without the requirement of the PNOL.

The lack of adequate information to manage the IFQ program would result in the fishery management decision-making process being less objective, more political, and potentially less equitable. This would decrease the credibility of the fishery management process and result in an unnecessarily costly and ineffective management system. The cost of making decisions based on inadequate information would adversely affect the viability of the IFQ fishing industry.

**7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.**

Information is required as frequently as vessels choose to harvest or transfer IFQ halibut, IFQ sablefish, or CDQ halibut. In order to monitor the harvest of sablefish and halibut, it is necessary to require a landing report be submitted for each transaction taking place with the fish products, whether the transaction involves landings, transshipments, or purchases

**8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and**

**recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

NMFS published the attached notice in the *Federal Register* (69 FR 62650, October 27, 2004) soliciting public comments on the information collection. No comments were received.

**9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.**

No payment or gift will be provided under this program.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

The information collected is confidential under section 303(d) of the Magnuson-Stevens Act (16 U.S.C. 1801 *et seq.*); and also under NOAA Administrative Order (AO) 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

As authorized by the Debt Collection Improvement Act, 31 U.S.C. 7701, this information collection often requires information of a private nature when the submitter is an individual; the Social Security Number (SSN) and date of birth (date of birth) are requested. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679. Both SSN and date of birth are used to distinguish among persons with the same name: to ensure that benefits are awarded and that landings and other program-related functions are credited and applied appropriately and in a manner that maintains confidentiality.

**12. Provide an estimate in hours of the burden of the collection of information.**

Total estimated unique respondents are 2,000. Total estimated responses are 37,396, down from 37,898. Total estimated burden hours are 15,329 hours, down from 15,602. Total estimated personnel costs are estimated at \$630,125. Personnel labor costs are estimated to the average wage equivalent to a GS-9 employee in Alaska, including COLA, at \$25 per hour.

**13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).**

Total estimated miscellaneous costs are \$38,701, up from 23,000.

**14. Provide estimates of annualized cost to the Federal government.**

Total estimated responses are 32,396. Total estimated burden hours are 7,540 hours. Total estimated personnel costs are estimated at \$175,900. Personnel labor costs are estimated to the

average wage equivalent to a GS-9 employee in Alaska, including COLA, at \$25 per hour.

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.**

The numbers of responses for the QS/IFQ Designated Beneficiary Form were adjusted from 1,000 to 500, to better reflect current conditions.

Personnel costs were adjusted from \$20 per hour to \$25 per hour in response to current hourly rates.

Total estimated respondents are revised to 2000, to more effectively describe unique respondents.

Most of the landing reports are submitted by Internet, thus reducing miscellaneous costs.

Requirements for the vessel clearance and submittal of the shipment report were removed.

**16. For collections whose results will be published, outline the plans for tabulation and publication.**

The information collected will not be published, and no statistical sampling of the information is planned.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.**

In accordance with OMB requirements, the control number and the expiration date of OMB approval are shown on the forms.

**18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.**

No exceptions to the certification statement are requested.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This collection does not employ statistical methods.





## APPLICATION FOR IFQ/CDQ LANDING CARD

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management Program  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / 586-7202 in Juneau (907)  
586-7354 fax



### BLOCK A PURPOSE OF APPLICATION

Add Cardholder [ ]      Delete Cardholder [ ]      Indicate permit(s) to which this action applies:

Sablefish Permit Number \_\_\_\_\_

Category   A   B   C

Halibut Permit Number \_\_\_\_\_

Category   A   B   C

### BLOCK B PERMIT HOLDER INFORMATION

1. Name of **IFQ Permit** Holder:

2. NMFS Person ID:

3. SSN\* (optional) or TAX ID:

4. Business Mailing Address: Permanent [ ]    Temporary [ ]

5. Business Telephone Number:

6. Fax Number:

**\*Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

### BLOCK C IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT OR SABLEFISH WILL BE FISHED

1. Vessel Name:

2. LOA:

3. ADF&G Number:

4. USCG Number:

5. Does the IFQ Permit Holder hold an ownership interest of at least 20% in the named vessel?    Yes [ ]    No [ ]

**NOTE: TO DEMONSTRATE PERCENT OF VESSEL OWNERSHIP BY IFQ PERMIT HOLDER, A COPY OF THE COAST GUARD ABSTRACT OF TITLE OR CERTIFICATE OF DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION!**

### BLOCK D CARD HOLDER INFORMATION (If you have more than one card holder, use the additional card holder sections below)

1. Name of **Full name of Card** Holder:

2. NMFS Person ID (if any):

3. SSN\* (optional) or TAX ID:

4. Date of Birth:

5. Business Mailing Address: Permanent [ ]    Temporary [ ]

6. Business Telephone Number:

7. Fax Number:

<b>CARD HOLDER INFORMATION – CONTINUED</b> (Use this section for additional card holders)	
1. Name of <b>Card</b> Holder:	2. NMFS Person ID (if any):
3. SSN* (optional) or TAX ID:	4. Date of Birth:
5. Business Mailing Address:      Permanent [   ]      Temporary [   ]	
7. Business Telephone Number:	8. Fax Number:
<b>*Privacy Act Statement:</b> Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.	
<b>CARD HOLDER INFORMATION - CONTINUED</b> (Use this section for additional card holders)	
1. Name of <b>Card</b> Holder:	2. NMFS Person ID (if any):
3. SSN* (optional) or TAX ID:	4. Date of Birth:
5. Business Mailing Address: Permanent [   ]      Temporary [   ]	
6. Business Telephone Number:	7. Fax Number:
<b>BLOCK E - CERTIFICATION OF PERMIT HOLDER AND NOTARY</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant or Authorized Agent:	2. Date:
3. Printed Name of Applicant or Authorized Agent ( <b>Note:</b> If this is completed by an agent, attach authorization):	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Below
6. Commission Expires:	



## INSTRUCTIONS

### Application for IFQ/CDQ Landing Card

This application must be used to obtain Pacific halibut and sablefish Individual Fishing Quota/Community Development Quota (IFQ/CDQ) cards for hired skippers where authorized under regulations at 50 CFR Part 679; and to obtain cards for halibut CDQ fishing. A separate application must be completed for **each vessel and IFQ or CDQ permit number**.

- Type or print information legibly in ink and retain a copy of completed application for your records.
- Mail completed forms and proof of vessel ownership to:  
**NMFS Alaska Region**  
**Restricted Access Management**  
**P.O. Box 21668**  
**Juneau, AK 99802-1668**  
**Or**  
**709 West 9<sup>th</sup> Street, Room 713**  
**Juneau, AK 999801**
- If you need additional information, call Restricted Access Management (RAM) at (800) 304-4846 (#2) or (907) 586-7202 (#2).
- **Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail to the hired skipper's permanent address**, unless you provide alternate instructions **and** include a prepaid mailer with appropriate postage or corporate account number for express delivery.

### ***BLOCK A - PURPOSE OF APPLICATION***

- Check the appropriate box to designate your purpose for submitting this application.
- Sablefish or Halibut Permit Number & Category - Use the appropriate box to designate the species for which you wish to hire a skipper and circle the QS Vessel Category. Halibut and Sablefish permit numbers appear on IFQ fishing permits.

### ***BLOCK B - PERMIT HOLDER INFORMATION***

1. Name of IFQ Permit Holder - Name as it appears on your QS certificate or IFQ permit.
2. NMFS Person ID - The number assigned to the permit holder by RAM.
3. SSN or Tax ID

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the

applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

4. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you choose Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and we will not make any changes to the RAM database.
- 5-6. Telephone, Fax and E-mail - Business telephone number, fax number, and E-mail address where the permit holder or the authorized representative can be reached, including area codes.

***BLOCK C - IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT WILL BE FISHED***

1. Name of the vessel on which the hired skipper will be fishing your IFQs.
2. Length overall of the vessel.
3. ADF&G vessel registration number of the vessel.
4. Official USCG documentation number of the vessel.

**You must submit a current copy of USCG Abstract of Title or Documentation demonstrating the percentage of the permit holder's ownership interest in the named vessel.** A current copy of the USCG Abstract of Title or Documentation can be obtained by contacting the

USCG National Vessel Documentation Center at  
2039 Stonewall Jackson Drive,  
Falling Waters, WV 25419

or by telephone at (800) 799-8362 or (304) 271-2400.

Category "A" (freezer vessel) permit holders and CDQ permit holders do not need to send proof of vessel ownership but **MUST** provide the vessel information requested in Block C.

5. State whether you own 20 percent of the vessel identified in this block. With few exceptions, a minimum of 20 percent ownership in the vessel is required in order to hire a skipper to fish your IFQ.

***BLOCK D - CARD HOLDER (HIRED SKIPPER) INFORMATION***

Individual IFQ holders may not designate a skipper to harvest IFQ in Regulatory Areas 2C (for halibut) or SE (for sablefish).

Complete this section for each card holder (hired skipper) you are requesting to have an IFQ landing card.

**NOTE: CDQ permit holders may attach to this application a list of requested landing cardholders.** The list **MUST** include the full name, address, and date of birth of each of the individuals listed.

1. Name of Card Holder - Name of the card holder as you wish it to appear on the IFQ permit card.  
**NOTE:** IFQ permit holders who are not individuals **MUST** designate a skipper to fish their IFQ or obtain a card to access their account. RAM will not automatically send a card to the representative or the agent of non-individual quota share (QS) holders.
2. NMFS Person ID - The identification number assigned to you by RAM.
3. SSN or Tax ID - See Privacy Act Statement above.
4. Date of Birth - Date of birth of the cardholder.
5. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you check Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database. **Items will be sent by first class mail to the IFQ cardholder's permanent address** unless you provide alternate instructions. CDQ landing cards will be sent to the CDQ corporation.
- 6-7. Telephone, Fax and E-mail - Business telephone number, fax number, and E-mail address where cardholder can be reached, including area code.

#### ***BLOCK E - CERTIFICATION OF PERMIT HOLDER AND NOTARY***

- 1-2. Sign, print, and date the application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications.**
6. Representatives of permit holders must submit proof of authorization signed by the permit holder to submit this application on their behalf.
- 4-6. A Notary Public other than the applicant must Attest (to certify in an official capacity by signature or oath) and affix Notary Stamp.

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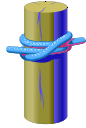
#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

#### **ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics

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# APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax



Is this application a renewal? Yes \_\_\_\_ No \_\_\_\_

Registered Buyer Number (if this is a renewal) \_\_\_\_\_

## BLOCK A - APPLICANT IDENTIFICATION

1. Name of Registered Buyer:

2. SSN\*, TAX ID, or NMFS Person ID:

3. Name of Contact Person:

4. Business Mailing Address: Permanent [ ] Temporary [ ]

5. Physical Location of Facility:

6. Business Telephone Number:

7. Business Fax Number:

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

## BLOCK B - TYPE OF ACTIVITY (Check ALL that apply)

1. Card holder making dockside sales (catcher-seller) or transferring IFQ/CDQ fish outside Alaska (permit holder or vessel operator) [ ]; **or**

2. Person receiving fish from harvester as a (check all that apply):

Buyer-Broker	[ ]	Catcher/Processor	[ ]
Retail Operation	[ ]	Restaurant	[ ]
Mothership/Stationary Floating Processor	[ ]	Shoreplant	[ ]
Other (please describe)	[ ]	Tender	[ ]

## BLOCK C - PASSWORD

1. Do you currently have a Password to report landings on-line? Yes [ ] No [ ]

2. **If Yes**, supply password (*must be eight characters long, and will be case sensitive*). \_\_\_\_\_

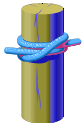
## BLOCK D - SIGNATURE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant or Authorized Agent:

2. Date:

3. Printed Name of Applicant or Authorized Agent (**Note:** If this is completed by an agent, attach authorization.):



## INSTRUCTIONS

### Application for IFQ/CDQ Registered Buyer Permit

Use this application to apply for a Registered Buyer permit under federal regulations governing the Individual Fishing Quota (IFQ) Program (50 CFR Part 679).

This permit is required for *each* person who receives IFQ or CDQ fish from the harvester; and for *each* IFQ/CDQ permit holder who harvests IFQ/CDQ fish and then transfers those fish in dockside sales to individuals for personal consumption, outside of an IFQ regulatory area, or outside the State of Alaska. A Registered Buyer permit is also required for a vessel operator when IFQ/CDQ fish are being transferred outside the State of Alaska.

**Each facility** (i.e., tender, mothership, shoreplant, etc.) that receives IFQ/CDQ fish in Alaska is required to have its own Registered Buyer permit number.

*Note that entities receiving IFQ/CDQ fish at locations outside Alaska do not need these permits and will not be issued them. The vessel operator must be a Registered Buyer.*

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

If you need additional information, contact Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

**Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

#### ***BLOCK A - APPLICANT IDENTIFICATION***

1. Name of Registered Buyer - Name of the IFQ/CDQ card holder transferring IFQ/CDQ fish in dockside sales to individuals for personal consumption, outside an IFQ regulatory area, outside the State of Alaska; OR name of vessel operator transferring fish outside the State of Alaska; OR name of person or business receiving IFQ/CDQ halibut or sablefish from harvester within Alaska.
2. SSN\*, TAX ID, or NMFS Person ID

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

3. Name of Contact Person - Name of a person we may contact regarding this application, such as the business owner, or manager.
4. Business Mailing Address - Including state and zip code. If you check "Permanent Address," we will

update the official RAM database. If you choose “Temporary Address,” we will use it for this one application and we will not change the RAM database.

5. Physical Location of Facility - If there is no fixed location facility (as with some buyers), or if the activity occurs at multiple locations (as with some motherhips), indicate the most frequently used location. Enter the physical location of the facility where the registered buyer operation occurs.
- 6-8. Business Telephone Number and Fax number - Include area codes.

### ***BLOCK B - TYPE OF ACTIVITY***

Select all of the activities that best describe your anticipated Registered Buyer activity.

### ***BLOCK C - PASSWORD***

1. Indicate whether or not you have a Password. A Password is required to make on-line IFQ/CDQ halibut and sablefish landings. If Yes, skip to number 3. If No, see number 2.
2. If you do not have a Password and you need one, NMFS will assign one or you can request a customized one. The password you select must be at least eight (8) characters and will be case sensitive. When selecting password choose something that you can easily remember.

### ***BLOCK D - SIGNATURE***

- 1-2. Signature of Applicant or Authorized Agent - The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant’s knowledge and belief. The application will not be considered without the applicant’s or authorized agent’s signature. **Note:** If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
3. Printed name of the Applicant or Authorized Agent - Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.



### ***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### ***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.



	<b>QS/IFQ BENEFICIARY DESIGNATION FORM</b>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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### ***BLOCK A - INSTRUCTIONS***

- QS holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.
- If the QS holder **does not** leave a surviving spouse, he/she may name an **immediate family member** to be the beneficiary.
- NMFS will allow the transfer of IFQ only (lease) of any QS/IFQ transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.
- Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.
- **QS/IFQ can only be held by a U.S. citizen.**

### ***BLOCK B - IDENTIFICATION OF QS HOLDER***

Name:	NMFS Person ID:
Date of Birth:	SSN* (required ) or Tax ID Number:
Business Mailing Address:	
Business Telephone Number:	Fax Number:
<p>*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.</p>	

### ***BLOCK C - NAME OF BENEFICIARY***

Name:	NMFS Person ID (If applicable):
Date of Birth:	SSN* (required) or Tax ID Number:
Business Mailing Address:	
Business Telephone Number:	Fax Number:
<p>*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.</p>	

<b>BLOCK D - RELATIONSHIP OF BENEFICIARY TO QS HOLDER</b>	
Is the beneficiary named on this form the spouse of the QS holder? Yes [ ] No [ ]	
If No, what is the immediate relationship of the beneficiary to the QS holder: _____	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.	
Signature of QS holder:	Date:
Printed Name of QS Holder ( <b>Note:</b> If this is completed by an agent, attach agent authorization):	
Notary Public: <b>ATTEST</b>	Affix Notary Stamp or Seal Here:
Commission Expires:	

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#### PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

#### ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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**QUOTA SHARE (QS)  
HOLDER:  
IDENTIFICATION OF  
OWNERSHIP INTEREST**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / 586-7202 in Juneau  
(907) 586-7354 fax



**QS Holder:**

***BLOCK A -- IDENTIFICATION OF QS HOLDER***

1. Is this business a publicly held corporation?      ☐ Yes   ☐ No
2. Is this a corporation or partnership?                ☐ Yes   ☐ No
- If yes, is this entity still active?                      ☐ Yes   ☐ No
3. Is this an estate that has been probated?           ☐ Yes   ☐ No
- If yes, on what date was probate finalized: \_\_\_\_\_

***BLOCK B - - IDENTIFICATION OF SHAREHOLDERS, PARTNERS, JOINT VENTURERS,  
SUCCESSOR-IN-INTERESTS***

NOTE: if ownership consists of separate/additional corporations or partnerships the individual owners of those entities and the percentage of interest those individuals hold in their respective corporations or partnerships must also be listed.

1. NAME (Print or Type)	2. IFQ ID or Tax ID or SSN* (optional )	3. Percent (%) of Interest Held
<b><i>TOTAL OWNERSHIP:</i></b>		<b>100 %</b>

4. Do these ownership percentages represent the addition of any new owners since QS was initially issued?  
   ☐ Yes                      ☐ No

**\*Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

***BLOCK C - CERTIFICATION***

Under penalty of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information I have presented here is true, correct, and complete.

1. Signature	2. Date
3. Printed Name	4. Title
5. Signature of Notary Public	6. Affix Notary Stamp or Seal Below
7. Commission Expires	



## INSTRUCTIONS

### QS Holder: Identification of Ownership Interest

This form must be submitted by corporations, partnerships, and other non-individual entities that hold QS under the Pacific halibut and sablefish Individual Fishing Quota (IFQ) program (50 CFR part 679). Please type or print legibly in ink; you may photocopy and attach additional sheets as necessary. Please sign in ink, have your signature notarized, retain a copy for your records, and mail the completed form to:

**NMFS Alaska Region,  
Restricted Access Management (RAM),  
P.O. Box 21668,  
Juneau, AK 99802-1668.**

For information, contact RAM at 800-304-4846 or 907-586-7202.

### ***GENERAL INFORMATION***

The information requested herein is needed by RAM to determine compliance with two IFQ program requirements, including:

- 1) **Limitations On Use of QS and IFQ.** This information is needed to determine if persons who hold QS have exceeded their allowable use limits under the “individually and collectively” language set out in the IFQ regulations at 50 CFR 679.42(e) and (f); and,
- 2) **Changes in corporations or partnerships.** This information is also needed to determine if a Corporation or Partnership has changed. Under Sec. 679.42(j)(1) - (4), upon a “change” (i.e., the addition of a new member) to a corporation or partnership that holds catcher vessel QS, the entity may no longer hire a master to fish the IFQ resulting from the QS it holds; further, such an entity must notify NMFS of the change within 15 days of its effective date and must then transfer its QS to a qualified individual.

### ***BLOCK A - IDENTIFICATION OF QS HOLDER***

1. Indicate YES or NO whether the QS Holder is a publicly held corporation.  
If YES, sign the certification in Block C and return the form to RAM.
2. Indicate YES or NO whether QS Holder is a corporation or partnership.  
If YES, indicate YES or NO whether the entity is still active.  
If YES, go to Block “B”.  
If NO, sign the certification in Block C and return the form to RAM.
3. Indicate YES or NO whether the QS Holder is an estate that has been probated.  
If YES, the non-individual QS Holder is an estate and all estate matters with regard to the disposition of the assets, including QS have been finalized. Please provide the date the estate was settled.

### ***BLOCK B - IDENTIFICATION OF SHAREHOLDERS, PARTNERS, JOINT VENTURERS, AND SUCCESSORS-IN-INTEREST***

1. List the names of members of the QS Holder. If a member is itself a corporation, partnership, or other such entity, you must also list the owners of that member at this time.
2. Enter the Social Security number\* (SSN), IFQ Identification number, or Tax Identification number of each member.

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

3. Enter the percentage of ownership interest that each constituent member holds; for example, if there are three equal owners, enter "33-1/3" for each. The total interest of all members should equal 100 percent.
4. Indicate YES or NO whether these ownership percentages represent the addition of any new owners since QS initially was issued? If any of the owners listed have been added since QS were issued, you must answer "yes"

### ***BLOCK C - CERTIFICATION***

- 1-3. Sign and date the application in the presence of Notary Public, and print your name.
4. Authorized representatives must submit proof of authorization from QS owner and state title.
- 5-7. Signature, commission expiration date, and stamp of notary public. Not to be completed by the person submitting this application.

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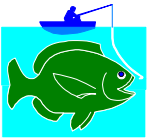

### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802.

### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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	<p align="center"><b>APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ</b></p>	<p>U.S. Dept. of Commerce NOAA/National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>	
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Only those who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery are eligible to receive a Transfer Eligibility Certificate (TEC). This is a *two-page application*. The first page is for the applicant's personal information and notarized signature. Page two is for the applicant's fishing history. Please *make copies of page two if more space is needed* to document the applicant's participation of at least 150 days in U.S. commercial fisheries.

<b>BLOCK A - APPLICANT INFORMATION (TYPE OR PRINT)</b>		
1. Name (full name):	2. NMFS Person ID:	3. Date of Birth:
4. SSN* (required) or Tax ID:		
5. Permanent Business Address:	6. Temporary Business Mailing Address (see instructions):	
7. Business Telephone Number:	8. Business Fax Number	
<p>9. Are you a U.S. Citizen or U.S. Corporation, Partnership, or Association of Business Entity?      Yes [ <input type="checkbox"/> ]      No [ <input type="checkbox"/> ]  <b>IF NO, STOP HERE</b>, you are not eligible to receive QS/IFQ by transfer.</p>		
<p><small>*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.</small></p>		
<b>BLOCK B - FREEZER SHARES</b>		
Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?		
Check One:      Yes [ <input type="checkbox"/> ]      No [ <input type="checkbox"/> ]		
If Yes and you are a corporation, partnership, or other non-individual entity, please complete a QS Holder: Identification of Ownership Interest form.		
<b>BLOCK C - NOTARY CERTIFICATION</b>		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.		
1. Signature of Applicant (or Authorized Agent):	2. Date:	
3. Printed Name of Applicant (or Authorized Agent) ( <b>Note:</b> If this is completed by an agent, attach agent authorization.):		
4. Notary Public Signature: <b>ATTEST</b>	6. Affix Notary Stamp or Seal Here:	
5. Commission Expires:		

<b>BLOCK D - COMMERCIAL FISHING EXPERIENCE</b>		
1. Species ( <b>one per block</b> ):	2. Gear Type:	3. Location:
4. Date From: (MMYY)		5. Date To: (MMYY)
6. Number of <b>Actual</b> Days Spent Harvesting Fish:		
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Fish ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:		9. ADF&G or Coast Guard Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to You:
14. Reference's Business Mailing Address:		
15. Reference's Business Telephone Number:		
<b>BLOCK E - COMMERCIAL FISHING EXPERIENCE – CONTINUED</b>		
1. Species (one per block):	2. Gear:	3. Location:
4. Date From: (MMYY)		5. Date To: (MMYY)
6. Number of <b>Actual</b> Days Spent Harvesting Fish:		
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Fish ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:		9. ADF&G or Coast Guard Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to You:
14. Reference's Business Mailing Address:		
15. Reference's Business Telephone Number:		



**INSTRUCTIONS FOR THE  
APPLICATION FOR ELIGIBILITY  
TO RECEIVE QS/IFQ**

Those who wish to receive QS/IFQ by transfer but did not have QS initially awarded to them must submit this application for approval. Only those who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery are eligible to receive a Transfer Eligibility Certificate (TEC). Work in support of harvesting but not directly related to it is not considered harvesting crew work. For example, experience as an engineer, cook, or preparing a vessel for a fishing trip does not satisfy the requirement.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

Mail the completed application form to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

If you need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

***BLOCK A - APPLICANT INFORMATION***

1. Name: Full name as it should appear on the TEC.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Date of Birth: Enter date of birth.
- 4.
5. SSN (required) or TAX ID:  
The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.
6. Permanent Business Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
7. Temporary Mailing Address: Enter the address you want the TEC documentation sent to if somewhere other than your permanent address. Include street or P.O. Box, city, state, and zip code.
- 8-9. Business Telephone Number and FAX Number: Enter the numbers including the area codes.
10. Are You a U.S. Citizen or a U.S. Corporation, Partnership, or Association of Business Entity?  
**If No, Stop Here**, you are not eligible to receive QS/IFQ by transfer.  
**If Yes** and you are a corporation, partnership or other non-individual entity, please complete a Quota Share Holder: Identification of Ownership form. You can download this form from our Internet web site at



<<http://www.fakr.noaa.gov>>, or you may call RAM at one of the numbers listed above and request the form be mailed or faxed to you.

### ***BLOCK B - FREEZER SHARES***

If you are a person wishing to lease or purchase Freezer Vessel (Category A) Quota Shares ONLY, check "Yes."

If you are a corporation, partnership, or other non-individual entity you also must complete a Quota Share Holder: Identification of Ownership Interest form. You can download this form from our Internet web site at <<http://www.fakr.noaa.gov>>, or you can call RAM at one of the numbers listed on the previous page and request the form be mailed or faxed to you.

***Note:** You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

### ***BLOCK C - NOTARY CERTIFICATION***

- 1-3. Sign, Print, and Date the application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant's behalf.
- 4-6. A Notary Public must Attest (sign) and affix his/her Notary Stamp. The Notary Public cannot be completed by the person submitting this application.

### ***BLOCKS D & E - COMMERCIAL FISHING EXPERIENCE***

***Note:** If you need additional space to provide your commercial fishing experience, copy the second page of the application prior to completing these blocks.*

1. Species: Enter any targeted species in a U.S. commercial fishery (enter **only one fishery per block**).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date (including Month and Year)
5. Date To: Enter ending date (including Month and Year)
6. Number of Actual Days Spent Harvesting Fish: Enter **total days actually spent doing harvesting work during the claimed period in questions 4 and 5**.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.
8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or Coast Guard Number: Enter the ADF&G vessel registration number or the Coast Guard documentation number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (may be yourself) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (other than yourself) who is able to verify the above experience.
13. Reference's Relationship to You: Enter your reference's relationship to you.
14. Reference's Business Mailing Address: Enter your reference's business mailing address, including street or P.O. Box number, city, state, and zip code.
15. Reference's Business Telephone Number: Enter your reference's business telephone number, including the area code.



**APPLICATION FOR TRANSFER  
OF QS/IFQ TO OR FROM A  
COMMUNITY QUOTA ENTITY**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / 586-7202 in Juneau  
(907) 586-7354 fax



**BLOCK A – GENERAL REQUIREMENTS**

- This form may only be used if a Community Quota Entity (CQE) is the proposed transferor (“seller”) or the proposed transfer (“buyer”) of the Quota Share (QS) or Individual Fishing Quota (IFQ); if not, a different RAM form must be used;
- The party to whom a CQE is seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC) issued by RAM
- If the CQE is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

**BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEROR (“SELLER” OR “LESSOR”)**

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN* or Tax ID:	
5. If proposed transferor is a CQE - Name of Community represented by the CQE:			
6. Permanent Business Mailing Address:		7. Temporary Business Mailing Address (see instructions):	
8. Business Telephone Number:	9. Fax Number:		10. E-mail address:

\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR part 679.

**BLOCK C – IDENTIFICATION OF PROPOSED TRANSFEREE (“BUYER” OR “LESSEE”)**

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN* or Tax ID:	
5. If proposed transferee is a CQE - Name of Community represented by the CQE:			
6. Permanent Business Mailing Address:		7. Temporary Business Mailing Address (see instructions):	
8. Business Telephone Number:	9. Fax Number:		10. E-mail Address:

**BLOCK D -- QUESTIONS FOR TRANSFeree ("BUYER" OR "LESSEE")**

1. Do you request that this QS be included in a **sweep up**, if possible? Yes ☐ No ☐

If **yes**, list the identifier on the QS Certificate into which this new piece should be combined  
(Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789)

From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ to \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

(**Reminder:** For sweep-up, attach the original QS Certificates of both the transferor and the transferee)

2. If this is a transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category in which you would like to have your QS issued.

☐ "D" (0' to 35' Length Over All)    ☐ "C" (35' to 60' Length Over All)    ☐ "B" (greater than 60' Length Overall)

**BLOCK E -- IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED**

(Complete Block F if QS and IFQ are to be transferred together or if you are applying to transfer QS only)

1. Quota Share to be transferred: Total QS Units: \_\_\_\_\_

Designation of QS, as shown on the QS Certificate:

From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ to \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

2. Community (if applicable - please see instructions) to which QS are currently assigned:

3. Are all remaining pounds for the current fishing year to be transferred? Yes ☐ No ☐

If **NO**, specify the number of pounds to be transferred: \_\_\_\_\_

**Notes:** • Pounds transferred will include any overage (non-negotiable provision).  
• Pounds transferred will include any underage (parties may request otherwise).

**BLOCK F -- TRANSFER OF IFQ ONLY ("LEASE" OF IFQ)**

(Pertains only to proposed transfers from CQEs to qualifying community members)

1. Identification of IFQ to be transferred:

Permit Number

Year

2. Actual Number of IFQ Pounds to be transferred:

**BLOCK G - REQUIRED SUPPLEMENTAL INFORMATION**

(To be completed by proposed transferor)

1. Indicate the reason(s) you are proposing this transfer (check all that apply and provide a brief explanation on a separate sheet).

CQE Management and Administration	<input type="checkbox"/>	Participation by Community residents	<input type="checkbox"/>
Fund additional QS purchase	<input type="checkbox"/>	Dissolution of Community Quota Entity	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		

2. Give the price per pound (including leases and fees)

\$ \_\_\_\_\_ /#of IFQ

(Price divided by IFQ pounds)

3. Give the price per unit of QS

\$ \_\_\_\_\_ /Unit of QS  
(Price divided by QS Units)

4. What is the **total amount** being paid for the QS/IFQ in this transaction, including all fees? \$ \_\_\_\_\_

5. Is there a broker being used for this transaction? ☐ Yes ☐ No

If **yes**, how much is being paid in brokerage fees? \$ \_\_\_\_\_ or \_\_\_\_\_ % of total price.

6. What are your reasons for transferring the QS/IFQ? (check all that apply)

Retirement from fisheries	<input type="checkbox"/>	Shares too small to fish	<input type="checkbox"/>	Consolidation of shares	<input type="checkbox"/>
Pursue non-fishing activities	<input type="checkbox"/>	Trading shares	<input type="checkbox"/>	Other (please explain)	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	Enter other fisheries	<input type="checkbox"/>		

**BLOCK H -- REQUIRED SUPPLEMENTAL INFORMATION**

(To be completed by proposed transferee)

1. Will the QS/IFQ being purchased have a lien attached? ☐ Yes ☐ No

2. If "yes," please identify the person who will hold the lien:

3. What is the primary source of financing for this transfer (check one)?

Personal resources (cash)	<input type="checkbox"/>	AK Com. Fish & Ag. Bank	<input type="checkbox"/>	Received as a gift	<input type="checkbox"/>
Private bank/credit union	<input type="checkbox"/>	Transferor/seller	<input type="checkbox"/>	NMFS loan program	<input type="checkbox"/>
Alaska Dept. Of Commerce	<input type="checkbox"/>	Processor/fishing company	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>

4. How was the QS/IFQ located (check all that apply)?

Relative	<input type="checkbox"/>	Advertisement/public notice	<input type="checkbox"/>	Broker	<input type="checkbox"/>
Personal friend	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>		

5. What is your relationship to the Transferor (check all that apply)?	
No relationship <input type="checkbox"/>	CQE Community Member <input type="checkbox"/>
Business partner <input type="checkbox"/>	Other (please explain) <input type="checkbox"/>
6. Is there an agreement to return the QS or IFQ to the Transferor (seller), or by other person, or a condition placed on resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please explain:	
<b><i>BLOCK I -- CERTIFICATION OF PROPOSED TRANSFEROR ("SELLER" OR "LESSOR")</i></b>	
<b>Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.</b>	
1. Signature of proposed transferor or authorized agent:	2. Date:
3. Printed name of proposed transferor or authorized agent (Note: If an agent, authorization must be attached):	
4. <b>ATTEST</b> (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	
<b><i>BLOCK J – CERTIFICATION OF PROPOSED TRANSFeree ("BUYER" OR "LESSEE")</i></b>	
<b>Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete. Also, if I am only receiving IFQ, I further swear, or affirm, that I am a permanent resident of the community (listed in Block C or Block D) on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.</b>	
1. Signature of proposed transferee or authorized agent:	2. Date:
3. Printed name of proposed transferee or authorized agent (Note: If an agent, authorization must be attached):	
4. <b>ATTEST</b> (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

**BLOCK K -- ADDITIONAL CERTIFICATION -- CQE COMMUNITY REPRESENTATIVE**

(Required only when CQE proposes to permanently transfer Quota Share)

I am a duly authorized representative of the community (listed in Block C or Block D) on whose behalf the CQE is proposing to transfer QS; by my signature below, I attest that the applicant CQE has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.

1. Signature of Community Representative:

2. Date:

3. Printed name and title Community Representative

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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 <p><b>APPLICATION FOR TRANSFER OF QS/IFQ</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>	
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**NOTE: A separate application must be submitted for each Quota Share (QS) or IFQ Transfer.  
If you want to do a self sweep-up, please use the self sweep-up form.**

<b>BLOCK A</b>	
Does the Transferee (Buyer) hold a Transfer Eligibility Certificate (TEC)?      Yes [ <input type="checkbox"/> ]      No [ <input type="checkbox"/> ]	
<b>BLOCK B</b>	
<p><b>USE THIS LIST TO ENSURE YOUR APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.</b></p> <p><b>NOTE: FAXED APPLICATIONS ARE NOT ACCEPTABLE. PLEASE SUBMIT ORIGINALS.</b></p>	
Completed, signed, and notarized application .....	[ <input type="checkbox"/> ]
Copy of signed & notarized sales or gift agreement .....	[ <input type="checkbox"/> ]
QS/IFQ Transfer: <b>Seller's original</b> QS Certificate .....	[ <input type="checkbox"/> ]
Documentation for Authorized Agent (if applicable) .....	[ <input type="checkbox"/> ]
Sweep Up Transfer: <b>Buyer's and seller's original</b> QS Certificate .....	[ <input type="checkbox"/> ]
Transfer of IFQ (Category "A" Shares, Surviving Spouse Lease): Copy of permit or QS Certificate.....	[ <input type="checkbox"/> ]
<b>BLOCK C - TRANSFEROR (SELLER)</b>	
1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN* (required) or Tax ID:
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (see instructions):
7. Business Telephone Number:	8. Business Fax Number:
<p><i>*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.</i></p>	



**BLOCK D - TRANSFEREE (BUYER)**

1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN* (required) or Tax ID:
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (see instructions):
7. Business Telephone Number:	8. Business Fax Number:

*\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

**BLOCK E - QUESTIONS FOR TRANSFEREE (BUYER)**

1. Do you request that this QS be included in a **sweep up**, if possible?      Yes ☐      No ☐
2. If **yes**, list the identifier on the QS Certificate into which this new piece should be combined (Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789):
- \_\_\_\_\_

**Reminder:** For Sweep Up, attach **both the buyer's and seller's original QS Certificates to this application.**

3. If this is Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the one Catcher Vessel Category in which you would like to have your QS issued.

Length Overall:      0' to 35'      or      36' to 60'      or      greater than 60'

Vessel Category:      **D** ☐      **C** ☐      **B** ☐

**BLOCK F - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED**

**Complete Block F if QS and IFQ are to be transferred together or if you want to transfer QS only.**

1. Halibut <input type="checkbox"/> or Sablefish <input type="checkbox"/>		2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Transferred:	5. Transferor (Seller) IFQ Permit Number:
6. Numbered To and From (Serial Numbers are shown on the QS Certificate):		

7. Do you want all remaining pounds for the current fishing year transferred? Yes ☐ No ☐

If **no**, specify the number of pounds to be transferred:

**-Pounds transferred will include a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.**

**-Pounds transferred includes a pro-rata share of any underage based on the QS held and transferred UNLESS OTHERWISE INSTRUCTED**

***BLOCK G - TRANSFER OF IFQ ONLY***

**Complete this Block if you want to Transfer IFQ Only (Applies only to Category "A" & Surviving Spouse IFQ)**

1. Halibut ☐ or Sablefish ☐

2. IFQ Regulatory Area:

3. Number of Units:

4. Numbered To and From (Serial Numbers are shown on the QS Certificate):

5. Actual Number of IFQ Pounds:

6. Transferor (Seller) IFQ Permit Number:

7. Fishing Year: 20\_\_\_\_\_

**REQUIRED SUPPLEMENTAL INFORMATION**

**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU PROVIDE THE FOLLOWING INFORMATION**

***BLOCK H - TO BE COMPLETED BY THE TRANSFEROR***

1. Give the price per pound (including leases) \$ \_\_\_\_\_ /#IFQ (Price divided by IFQ pounds)

Give the price per unit of QS \$ \_\_\_\_\_ /Unit of QS (Price divided by QS Units)

2. What is the **total amount** being paid for the QS/IFQ in this transaction, including all fees? \_\_\_\_\_

3. What are your reasons for transferring the QS/IFQ? (check all that apply)

Retirement from fisheries ☐ Shares too small to fish ☐ Consolidation of shares ☐

Pursue non-fishing activities ☐ Trading shares ☐ Other (explain) ☐

Health problems ☐ Enter other fisheries ☐

4. Is there a broker being used for this transaction? ☐ Yes ☐ No

If **yes**, how much is being paid in brokerage fees? \$ \_\_\_\_\_ or \_\_\_\_\_ % of total price.

**BLOCK I - TO BE COMPLETED BY THE TRANSFEREE**

1. Will the QS/IFQ being purchased have a lien attached?     ☐ Yes     ☐ No

2. What is the primary source of financing for this transfer (check one)?

Personal resources (cash)     ☐     AK Com. Fish & Ag. Bank     ☐     Received as a gift     ☐

Private bank/credit union     ☐     Transferor/seller     ☐     NMFS loan program     ☐

Alaska Dept. Of Commerce     ☐     Processor/fishing company     ☐     Other (explain)     ☐

3. How was the QS/IFQ located (check all that apply)?

Relative     ☐     Advertisement/public notice     ☐     Broker     ☐

Personal friend     ☐     Casual acquaintance     ☐     Other (explain)     ☐

4. What is the Buyer's relationship to the QS/IFQ Holder (check all that apply)?

No relationship     ☐     Relative     ☐     Business partner     ☐     Other (explain)     ☐

5. Is there an agreement to return the QS or IFQ to the Transferor (seller), or any other person, or a condition placed on resale?     ☐ Yes     ☐ No

If **yes**, please explain:

**NOTE:** This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application.

**BLOCK J - TRANSFEROR (SELLER)**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferor (Seller) or Authorized Agent:

2. Date:

3. Printed Name Transferor (Seller) or Authorized Agent **Note:** If this is completed by an agent, attach authorization:

4. Notary Public Signature:     **ATTEST**

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

***BLOCK K - TRANSFEREE (BUYER)***

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature Transferee (Buyer) or Authorized Agent:

2. Date:

3. Printed Name Transferee (Buyer) or Authorized Agent **Note:** If this is completed by an agent, attach authorization:

4. Notary Public Signature:

**ATTEST**

5. Affix Notary Stamp or Seal Here:

5. Commission Expires:



## INSTRUCTIONS: Application for Transfer of QS/IFQ

**Note: A Separate Application must be submitted for each Quota Share or IFQ Transfer.  
If you want to apply for a “self sweep-up,” please use the *Self Sweep-Up Form*.**

The original application must be submitted — an application sent by facsimile will **not** be processed.

**Please allow at least ten working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management at (800) 304-4846 (#2) or (907) 586-7202 (#2).

When completed, mail or delivered the application to

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
or  
709 W 9th Street, Rm 713**

**Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.**

### ***BLOCK A***

Any person that received QS/IFQ as an Initial Issuee or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. If you answer "No," the transferee (buyer) will need to contact RAM for instructions on eligibility procedures and a TEC application form.

### ***BLOCK B***

Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application. If you have lost your original QS certificate, you will need to complete an Application for Replacement of Certificates, Cards, or Permits.

### ***BLOCKS C & D*** ***TRANSFEROR (SELLER) AND TRANSFEREE (BUYER)***

1. Name: Full name as it appears on QS Certificate and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Certificate or TEC.
3. Date of Birth: Birth date of the person.
4. SSN or Tax ID:

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

5. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
6. Temporary Business Mailing Address: Address you want the transfer documentation sent if some-where other than to the permanent address. Include street or P.O. Box number, city, state, and zip code.
- 7-9. Business Telephone Number and Fax Number: Include the area codes.

#### ***BLOCK E - QUESTIONS FOR TRANSFEREE (BUYER)***

1. Indicate if you wish to combine ("sweep up") the transferred block together with a block you already hold. Blocked QS's may be swept up into one block if the total amount of QS being combined is less than or equal to the following amounts of QS units per area.

<b>Halibut</b>		<b>Sablefish</b>	
<b><u>Area</u></b>	<b><u>Units</u></b>	<b><u>Area</u></b>	<b><u>Units</u></b>
2C	19,992	SE	33,270
3A	27,912	WY	43,390
3B	22,947	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

2. Starting and ending serial numbers to be swept up.
3. If this is a transfer of Catcher Vessel CDQ compensation QS, there is a **one time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred.

#### ***BLOCKS F & G***

The information requested in lines 1-6 can be found on your QS Certificate. Quota Share can be identified in the following manner: species, regulatory area, vessel category, blocked or unblocked, starting serial number, *through* species, regulatory area, vessel category, blocked or unblocked, and ending serial number. [For example, **H-2C-C-B-123,456 THROUGH H-2C-C-B-789,493**]

### ***BLOCK F - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED***

**This block should only be completed if you are transferring QS and the IFQ resulting from these shares. Persons wishing to transfer IFQ only (Category “A” shares, lease), should fill out Block G.**

1. Species: halibut or sablefish.
2. IFQ Regulatory Area.
3. Vessel Category.
4. Number of units to be transferred.
5. Transferor (seller) IFQ permit number.
6. Starting and ending serial number of shares to be transferred.
7. A **specific number of pounds** must be indicated for each transfer. A pro-rata amount of IFQ (**overage pounds**) will be debited from any IFQ transferred based on the QS unit held or transferred . The current QS holder may retain **underage pounds**. However, unless otherwise specified, the underage associated with the QS will be transferred. Please indicate your specific intention.

### ***BLOCK G - TRANSFER OF IFQ ONLY***

**This box should be completed if IFQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares.** Effective January 2, 1998, only Category “A” or those shares received as a Surviving Spouse under the provisions in 50 CFR 679 may be transferred in this manner.

1. Species: halibut or sablefish.
2. IFQ Regulatory Area.
3. Number of units to be transferred.
4. Starting serial number of shares to be transferred to the ending serial number of shares to be transferred.
5. Specific number of pounds being transferred.
6. Transferor's (seller's) IFQ permit number.
7. The fishing year is the current year or year in which IFQ should be transferred. A transfer of IFQ only cannot be completed until the IFQ has been awarded for that year.

**BLOCK H - REQUIRED SUPPLEMENTAL INFORMATION**  
**(Completed by Transferor)**

1. The price per pound of IFQ must be entered if IFQs **only** are being transferred (“leased”). (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units or the number of IFQ pounds being transferred.)
- 2-3. The total amount entered should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.

Please check all boxes that apply to this transaction.

4. Are you paying a third party to assist with this transaction? If **No**, go to question #2. If **Yes**, put the total price paid to the broker or calculate how much was paid to the third party as a percentage of the total sale price. (The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ, then multiply the result by 100.)

**BLOCK I - REQUIRED SUPPLEMENTAL INFORMATION**  
**(Completed by Transferee)**

1. Indicate if the QS will be used as collateral. List the name of entity or person(s) who will hold the Security interest lien. This name will appear on the QS Certificate as.
- 2-4. Please check any and all boxes that apply to this transaction.
5. Regulations governing the IFQ program do not permit transfer of QS subject to any conditions of repossession or resale to the transferor except by court order, operation of law, or security agreement.

**BLOCKS J & K**  
**CERTIFICATION OF TRANSFEROR, TRANSFEE, AND NOTARY PUBLIC**

1. Sign and print your name and date the application in the presence of a Notary Public. Application forms submitted to RAM must bear the **original signatures** of the parties — **RAM will not process faxed applications**.
2. Representatives signing for a Transferor or Transferee must submit proof of authorization to submit this application on their behalf.
3. A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.



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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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	<p align="center"><b>APPLICATION FOR TRANSFER OF QS/IFQ BY SELF SWEEP-UP</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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<i><b>BLOCK A - INSTRUCTIONS</b></i>	<i><b>BLOCK B - SWEEP UP LIMITS</b></i>			
<p>To complete a "Self Sweep-Up" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form. In the space provided, identify yourself and the blocks of Quota Share (QS) you wish to combine; sign and date the application in the presence of a Notary Public; <b>attach both original QS certificates</b>; and submit all to RAM at the address above. <b>NOTE:</b> To be combined, QS must be in the same <b>Vessel Category</b>, and the resulting block size must not exceed the <b>Sweep Up Limits</b> (see block B).</p>	<b>Halibut</b>	<b>Quota Share</b>	<b>Sablefish</b>	<b>Quota Share</b>
	<u><b>Area</b></u>	<u><b>Units</b></u>	<u><b>Area</b></u>	<u><b>Units</b></u>
	2C 3A 3B 4A 4B 4C 4D	19,992 27,912 44,193 22,947 15,087 30,930 26,082	SE WY CG WG AI BS	33,270 43,390 46,055 48,410 99,210 91,275

<i><b>BLOCK C - APPLICANT INFORMATION</b></i> (Type or Print legibly)	
1. Name(full name):	2. NMFS Person ID:
3. Date of Birth:	4. SSN* (required) or Tax ID:
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address:
7. Business Telephone Number:	9. Business Fax Number:
<p>*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR part 679.</p>	

<i><b>BLOCK D - FIRST QS BLOCK</b></i>	
1. Halibut [ ] or Sablefish [ ]	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept up:
5. Numbered From:	6. Numbered To:
<i><b>BLOCK E - SECOND QS BLOCK</b></i>	
1. Halibut [ ] or Sablefish [ ]	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept up:

5. Numbered From:	6. Numbered To:
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<b>BLOCK F - CERTIFICATION OF NOTARY AND APPLICANT</b>	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.	
1. Signature of QS holder or Authorized Agent:	2. Date:
3. Printed Name of QS Holder or Authorized Agent: <b>Note:</b> If this is completed by an agent, attach authorization:	
4. Notary Public (Signature): <b>ATTEST</b>	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

Please mail completed application to  
**NMFS Alaska Region,**  
**Restricted Access Management**  
**P.O. Box 21668**  
**Juneau, AK 99802-1668.**

If you need additional information, call RAM at (800) 304-4846 (#2) or (907) 586-7202 (#2).

**Please allow at least ten working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.



**Note:** RAM will not process faxed applications.

#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.2 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99801.

#### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

 <p style="text-align: center;"><b>APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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***BLOCK A - IDENTIFICATION OF APPLICANT***

1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN* (optional) or Tax ID:
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
6. Business Telephone Number:	7. Business Fax Number:

**\*Privacy Act Statement:** Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number disclosure is voluntary; in the event it is not provided

***BLOCK B - REPLACEMENT REQUEST***  
**[Check Only the Items that Apply]**

☐ **QS Certificate:** Units \_\_\_\_\_ Area \_\_\_\_\_ Species \_\_\_\_\_ Vessel Category \_\_\_\_\_

Is this QS Certificate requested for a pending QS/IFQ transfer?    ☐ Yes    ☐ No

☐ **IFQ Fishing Permit:** Permit Number \_\_\_\_\_ Species \_\_\_\_\_

☐ **IFQ/CDQ Landing Card** for individual permit holder Permit Number \_\_\_\_\_ Species \_\_\_\_\_

☐ **Hired Skipper Card :** Permit Number \_\_\_\_\_ Skipper Name \_\_\_\_\_ Skipper NMFS Person ID \_\_\_\_\_  
(Application Must be Completed and Signed by Permit Holder Only)

☐ **Transfer Eligibility Certificate (TEC):** NMFS Person ID \_\_\_\_\_

☐ **Registered Buyer Permit:** Permit Number \_\_\_\_\_

☐ **Subsistence Halibut Registration Number:** \_\_\_\_\_

☐ **Federal Fisheries/Processor Permit (FFP/FPP):** Permit Number \_\_\_\_\_ Vessel ADF&G Number \_\_\_\_\_

☐ **Scallop License Limitation License (SLLP):** License Number \_\_\_\_\_

☐ **License Limitation License (LLP):** Crab License Number \_\_\_\_\_ Groundfish License Number \_\_\_\_\_

☐ **American Fisheries Act (AFA) Permit:** Permit Number \_\_\_\_\_ USCG Number \_\_\_\_\_

ADF&G Number \_\_\_\_\_

<b>BLOCK C - REASON FOR REPLACEMENT REQUEST</b>	
Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Other <input type="checkbox"/> (explain) <hr/>	
<b>BLOCK D – SIGNATURE OF APPLICANT</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.	
1. Signature of Applicant or Authorized Agent:	2. Date:
3. Printed Name of Applicant or Authorized Agent ( <b>Note:</b> If this is completed by an agent, attach authorization):	



**INSTRUCTIONS**  
**Application for Replacement of Certificates, Permits, or Cards**

Please type or print legibly in ink and retain a copy of the completed application for your records.

**Allow at least 10 business days for your application to be processed.** Items will be sent U.S. First-Class Mail, unless alternative mailing instructions are provided with RAM's receipt of the application **and** include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

If you have any questions about this application or need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Mail completed applications to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, Alaska 99802-1668**

***BLOCK A - IDENTIFICATION OF APPLICANT***

Provide the information requested below regarding the replacement of the item(s) requested.

1. Name: The full name of the individual, corporation, or partnership that is the holder of the permit, card, certificate, and/or license being replaced. **Note:** If a landing card is being replaced for a hired skipper, the applicant completing and signing the application **must** be the CDQ/IFQ permit holder.
2. NMFS Person ID: The identification number assigned to the applicant by National Marine Fisheries Service, RAM.
3. Date of Birth: If the applicant is an individual person, enter that person's date of birth.
4. SSN or Tax ID:  
**Privacy Act Statement:** Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.
5. Business Mailing Address: Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent. Check whether the address provided is a permanent or temporary address. If you check "Permanent Address," we will update the official RAM database. If you choose "Temporary Address," we will use it for this one application only and we will not change the RAM database.

- 6-7. **Business Telephone and Fax Numbers:** The business telephone and fax numbers including the area codes. **Note:** It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

### ***BLOCK B - REPLACEMENT REQUEST***

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

### ***BLOCK C - REASON FOR REPLACEMENT REQUEST***

Indicate the reason(s) for replacement of the items checked in Block B.

### ***BLOCK D – SIGNATURE OF APPLICANT***

- 1-2. **Signature of Applicant or Authorized Agent:** The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature. **Note:** If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
3. **Printed Name of Applicant or Authorized Agent:** Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.

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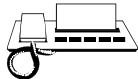

#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.3 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

#### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR parts 679 and 680 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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 <p style="text-align: center;"><b>REQUEST FOR TRANSACTION TERMINAL</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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**BLOCK A - APPLICANT INFORMATION**

1. Name or Business Name:		2. Registered Buyer Number, If any:
3. Business Mailing Address:		
4. Name of Contact Person:		
5. Home Telephone Number:	6. Business Telephone Number:	7. Fax Number:

**BLOCK B - TERMINAL SITE**

1. Is this terminal to be located at a: Fixed Location [ ] or Mobile Location [ ]
2. If <b>fixed</b> , Physical Address where terminal will be located:
3. If <b>mobile</b> , location of expected activity (Lat/Long or Primary Port):

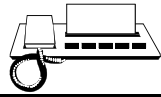
**BLOCK C - SIGNATURE**

Signature of Applicant or Authorized Representative:	Date:
Printed Name and Title of Applicant or Authorized Representative ( <b>Note:</b> If this is completed by an agent, attach agent authorization.):	

**BLOCK D - FOR OFFICIAL USE ONLY**

Transaction Terminal Number	Software Version	Printer Number	Date of Issue
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## INSTRUCTIONS REQUEST FOR TRANSACTION TERMINAL

Type or print legibly in ink and retain a copy of completed application for your records.

**Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you have questions about the application or need additional information, call Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Mail completed application form to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

***SPECIAL INFORMATION:*** All IFQ landings and CDQ halibut landings must be reported electronically using IFQ/CDQ landing cards and Transaction Terminals activated with custom-designed computer software. Waivers to this requirement may only be granted by the NMFS Office of Enforcement at (907) 586-7225.

*You may use this form to request a Transaction Terminal; however, if insufficient terminals are available for all who request them, terminals will be distributed to locations determined by NMFS to be most convenient for the fishing fleet and most likely to ensure timely and accurate reporting of landings of IFQ halibut and sablefish and CDQ halibut. To assist those without terminals, NMFS will attempt to place the terminals at appropriate public places, such as harbormaster offices. Locations of all such terminals are available on the Alaska Region NMFS web site at <<http://www.fakr.noaa.gov>>, or you may call RAM at any of the numbers listed above. **Terminals and printers provided by NMFS are the property of the U.S. Government.***

*You may also purchase terminals and printers directly from the supplier; however, NMFS must install custom software to establish a functional unit. If you wish to arrange for private purchase of a terminal and a printer, call or write RAM at the numbers and/or address listed above.*

### ***BLOCK A - BUSINESS INFORMATION***

1. Name or Business Name - Name of Individual or Business responsible for the Terminal and Printer.
2. Registered Buyer Number - Enter your Registered Buyer number if you have one.
3. Business Mailing Address - Enter the business mailing address, including the street and/or P.O. Box number, city, state, and zip code.
4. Name of Contact Person - Provide the full name of a person we may contact regarding the terminal and printer.
- 5-7. Home Telephone Number, Business Telephone Number, and Fax Number - Include area code with all phone and fax numbers.

***BLOCK B - TERMINAL SITE***

1. Check whether the terminal will be located at a fixed or mobile site.
2. If the site is **fixed**, provide the complete physical address. Include street, city, state, and zip code.
3. If the site is **mobile**, provide the expected activity location (Lat/Long or primary port).

***BLOCK C - SIGNATURE***

Sign, print your name, and date the application in the appropriate blocks. If you are a representative for the applicant, include your title in the appropriate block and attach your agent authorization.

***BLOCK D - FOR OFFICIAL USE ONLY***

Restricted Access Management will complete this block upon issuance of a Transaction Terminal and printer.

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 0.2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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**IFQ/CDQ ADMINISTRATIVE WAIVER**

NOAA Office for Enforcement

(This form to be completed **only** by NOAA Enforcement Personnel)

Date & Time of Waiver	
Vessel Name	ADF&G No.
All IFQ Permit #'s	
IF APPLICABLE Confirmation #'s	
Registered Buyer & Permit #	

**CHECK THE ONES THAT APPLY:**

<input type="checkbox"/>	<b>A. Prelanding Waiver</b> (Vessel lands fish before the required 6 hours). {50 CFR 679.5(l)(1)(i)}
<input type="checkbox"/>	<b>B. After-hours Waiver</b> (Vessel lands fish after 1800 and before 0600). {50 CFR 679.5(l)(2)(iv)(A)(1)}
<input type="checkbox"/>	<b>C. Electronic Reporting Waiver</b> (Due to transaction terminal failure). {50 CFR 679.5(l)(2)(ii)(A)}
<input type="checkbox"/>	<b>D. Waiver for the IFQ cardholder</b> to not be on board in extreme personal emergencies {50 CFR 679.42(d)}
<input type="checkbox"/>	<b>E. Waiver to obtain a vessel clearance</b> at a port other than a primary port {50 CFR 679.5(l)(5)(i)}

Comments:

Clearing Officer Name	Office

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time to reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory, is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

# IFQ/CDQ PRIOR NOTICE OF LANDING MANUAL REPORT

(This form to be completed only by NOAA Enforcement Personnel)

Vessel Name:

ADF&G Number:

## LANDING INFORMATION

Port of landing:

Exact location of landing within the port (dock name, harbor name, facility name, or geographical coordinates)

Date of Landing:

Time of Landing:

Estimated Halibut Weight:

Estimated Sablefish Weight:

IFQ Regulatory Area(s):

IFQ or CDQ Permit Number(s):

Name of Caller:

Contact telephone number:

Date of Call:

Time of call:

Data Clerk:

### **PUBLIC REPORTING BURDEN STATEMENT**

*Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time to reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.*

### **ADDITIONAL INFORMATION**

*Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory, is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.*

## IFQ/CDQ MANUAL LANDING REPORT

NOAA Office for Enforcement  
P.O. Box 21767, Juneau, AK 99802  
Data Clerk: (800) 304-4846 or (907)586-7163  
**FAX: (970)586-7313**

[ ] REVISION\* [ ] ORIGINAL

\*(All revisions must have written approval from a Clearing Officer)

Landing  
Information \_\_\_\_\_

Date

Time of Report

Location (latitude/longitude, if at sea)

IFQ Cardholder Name	Halibut IFQ/CDQ Permit No.
	Sablefish IFQ/CDQ Permit No.
Registered Buyer Name	Registered Buyer Permit No.
Vessel Name	ADF&G No.

Gear Code  
(circle only one)

**5** - Hand Troll  
**15** - Power Gurdy Troll

**25** - Dinglebar Troll  
**26** - Jigs

**61** - Hook and Line  
**91** - Pot Gear

Use a separate line for each area, species, and product code. Use a second page if necessary.

ADF&G Statistical Area (6 digit)	Is Ice and Slime Present?	Is Halibut Incidental? *	Species Code	Product Code	Product Weight Sold (lb)	Product Weight Retained (lb)

\*Is Halibut Incidental to Lingcod Harvested with Dinglebar Gear or Salmon?

\_\_\_\_\_  
Registered Buyer Signature

\_\_\_\_\_  
IFQ/CDQ Card Holder Signature

FAX # \_\_\_\_\_

Contact # \_\_\_\_\_

\_\_\_\_\_  
NOAA Enforcement Signature

Instructions: This form must be accurately completed by the Registered Buyer. This form will constitute receipt by NOAA Office for Enforcement of the IFQ/CDQ Landing Report and that the cardholder=s account was properly debited ONLY when all three of the above signatures are included. The landing report is not complete without all three signatures.

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time to reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory, is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

## IFQ DEPARTURE REPORT

NOAA Office for Enforcement

(This form to be completed only by NOAA Enforcement Personnel)

Date Received		Time Received	
Intended date, time (A.I.t.) and location of landing			
Vessel Name		ADF&G No.	
Vessel Operator's Name		Registered Buyer Permit Number	
Halibut IFQ Permit Number(s)	Halibut CDQ Permit Number(s)	Sablefish IFQ Permit Number(s)	
Halibut Regulatory Area(s) of Harvest		Sablefish Regulatory Area(s) of Harvest	
<b>IFQ or CDQ Halibut</b>	Estimated Total Weight on Board	LB / KG / MT	
<b>IFQ Sablefish</b>	Estimated Total Weight on Board	LB / KG / MT	
Any Additional Information (optional)			

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time to reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory, is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

## RECORD OF IFQ/CDQ TRANSSHIPMENT AUTHORIZATION

NOAA Office for Enforcement

(This form to be completed **only** by NOAA Enforcement Personnel)

FAX TO: DATA CLERKS @ FAX: 907-586-7313	
FAXED FROM:	TELEPHONE:

Transshipment Date	Time
Transshipment Location	
Vessels:	ADF&G NO.
From:	
To:	
Product Destination:	
Registered Buyer Number & Name	
IFQ/CDQ Permit Number(s)	

Species Code	Product Type & Code	Product Weight

Request Date	Request Time
Requestor's Name	
Requestor's Telephone & Fax	
Clearing Officer	Date

Transshipment: Authorized \_\_\_\_\_ Not Authorized \_\_\_\_\_

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time to reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory, is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<b>Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)</b>	 U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / (907) 586-7202 in Juneau (907) 586-7354 fax
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**BLOCK A - IDENTIFICATION OF APPLICANT**

1. Name of Non-Profit Organization:	2. Taxpayer ID:	
3. Permanent Business Mailing Address:		
4. Name of Contact Person:	5. Business Telephone Number:	6. Fax Number:
7. Name of Community Represented by Non-Profit: 8. Name of Contact Person for Community Governing Body		

**BLOCK C – REQUIRED INFORMATION**

The following information must be included as attachments to this application. The application will not be processed unless appropriate information and documentation is provided.



- ☐ The applicant's Articles of Incorporation
- ☐ The applicant's Corporate By-laws
- ☐ A list of the applicant's key personnel, including its Board of Directors and Officers
- ☐ The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships
- ☐ A statement designating the eligible Gulf of Alaska coastal community(ies) that the entity seeks to represent
- ☐ An explanation of how the applicant will manage QS/IFQ on behalf of the community(ies) it seeks to represent
- ☐ An explanation of the applicant's administrative stability and competence, including the resumes of key management personnel
- ☐ A statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ
- ☐ Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality or a tribe) that unambiguously designates the applicant as the community's representative and CQE

### **BLOCK C - NOTARY CERTIFICATION**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant (or Authorized Agent):

2. Date:

3. Printed Name of Applicant (or Authorized Agent):

4. Notary Public Signature:

**ATTEST**

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.



**INSTRUCTIONS FOR THE  
APPLICATION TO BECOME  
A COMMUNITY QUOTA ENTITY (CQE)**

A non-profit organization that wishes to represent an eligible Gulf of Alaska (GOA) community in the acquisition and use of quota share (QS) and individual fishing quota (IFQ) must complete this application for approval. Only those non-profit organizations approved by NMFS will be eligible to purchase QS and/or transfer IFQ on behalf of an eligible GOA community.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions **and** include a prepaid mailer with appropriate postage or corporate account number for express delivery.

Mail the completed application form to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

If you need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

***BLOCK A - IDENTIFICATION OF APPLICANT***

1. Name of Non-Profit Organization: Please provide the name of the non-profit entity seeking to become a Community Quota Entity (CQE).
2. Taxpayer ID:
3. Permanent Business Mailing Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Name of Contact Person: Name of the contact person for the non-profit organization applying to become a CQE.
- 5-6. Business Telephone and FAX Numbers: Enter the numbers including the area codes.

7. Business E-mail address.
8. Name of Community Represented by Non-Profit: Enter the name of the eligible GOA community being represented by the non-profit.
9. Name of Contact Person for Community Governing Body: List the name of the contact person for the governing body of the community listed in box #8.

#### **BLOCK B - REQUIRED INFORMATION**

The non-profit organization applying to become a CQE must provide all of the documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application. This information is used both to evaluate the ability of the non-profit applicant to represent an Eligible GOA community and to ensure the non-profit has the support of the community's government body.

#### **BLOCK C - NOTARY CERTIFICATION**

- 1-3. Enter printed name, signature, and date of application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant's behalf.
- 4-6. A Notary Public must Attest (sign), indicate date when commission expires, and affix his/her Notary Stamp. The Notary Public cannot be completed by the person submitting this application.

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#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668, Attn: Lori Durall.

#### **ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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# **Magnuson-Stevens Fishery Conservation and Management Act**

## **Public Law 94-265**

As amended through October 11, 1996

### **SEC. 303. CONTENTS OF FISHERY MANAGEMENT PLANS 16 U.S.C. 1853**

**95-354, 99-659, 101-627, 104-297**

**(a) REQUIRED PROVISIONS.**--Any fishery management plan which is prepared by any Council, or by the Secretary, with respect to any fishery, shall--

(1) contain the conservation and management measures, applicable to foreign fishing and fishing by vessels of the United States, which are--

(A) necessary and appropriate for the conservation and management of the fishery to prevent overfishing and rebuild overfished stocks, and to protect, restore, and promote the long-term health and stability of the fishery;

(B) described in this subsection or subsection (b), or both; and

(C) consistent with the national standards, the other provisions of this Act, regulations implementing recommendations by international organizations in which the United States participates (including but not limited to closed areas, quotas, and size limits), and any other applicable law;

(2) contain a description of the fishery, including, but not limited to, the number of vessels involved, the type and quantity of fishing gear used, the species of fish involved and their location, the cost likely to be incurred in management, actual and potential revenues from the fishery, any recreational interest in the fishery, and the nature and extent of foreign fishing and Indian treaty fishing rights, if any;

(3) assess and specify the present and probable future condition of, and the maximum sustainable yield and optimum yield from, the fishery, and include a summary of the information utilized in making such specification;

(4) assess and specify--

(A) the capacity and the extent to which fishing vessels of the United States, on an annual basis, will harvest the optimum yield specified under paragraph (3),

(B) the portion of such optimum yield which, on an annual basis, will not be harvested by fishing vessels of the United States and can be made available for foreign fishing, and

(C) the capacity and extent to which United States fish processors, on an annual basis, will process that portion of such optimum yield that will be harvested by fishing vessels of the United States;

(5) specify the pertinent data which shall be submitted to the Secretary with respect to commercial, recreational, and charter fishing in the fishery, including, but not limited to, information regarding the type and quantity of fishing gear used, catch by species in numbers of fish or weight thereof, areas in which fishing was engaged in, time of fishing, number of hauls, and the estimated processing capacity of, and the actual processing capacity utilized by, United States fish processors;

(6) consider and provide for temporary adjustments, after consultation with the Coast Guard and persons utilizing the fishery, regarding access to the fishery for vessels otherwise prevented from harvesting because of weather or other ocean conditions affecting the safe conduct of the fishery; except that the adjustment shall not adversely affect conservation efforts in other fisheries or discriminate among participants in the affected fishery;

(7) describe and identify essential fish habitat for the fishery based on the guidelines established by the Secretary under section 305(b)(1)(A), minimize to the extent practicable adverse effects on such habitat caused by fishing, and identify other actions to encourage the conservation and enhancement of such habitat;

(8) in the case of a fishery management plan that, after January 1, 1991, is submitted to the Secretary for review under section 304(a) (including any plan for which an amendment is submitted to the Secretary for such review) or is prepared by the Secretary, assess and specify the nature and extent of scientific data which is needed for effective implementation of the plan;

(9) include a fishery impact statement for the plan or amendment (in the case of a plan or amendment thereto submitted to or prepared by the Secretary after October 1, 1990) which shall assess, specify, and describe the likely effects, if any, of the conservation and management measures on--

(A) participants in the fisheries and fishing communities affected by the plan or amendment; and

(B) participants in the fisheries conducted in adjacent areas under the authority of another Council, after consultation with such Council and representatives of those participants;

(10) specify objective and measurable criteria for identifying when the fishery to which the plan applies is overfished (with an analysis of how the criteria were determined and the relationship of the criteria to the reproductive potential of stocks of fish in that fishery) and, in the case of a fishery which the Council or the Secretary has determined is approaching an overfished condition or is overfished, contain conservation and management measures to prevent overfishing or end overfishing and rebuild the fishery;

(11) establish a standardized reporting methodology to assess the amount and type of

bycatch occurring in the fishery, and include conservation and management measures that, to the extent practicable and in the following priority--

(A) minimize bycatch; and

(B) minimize the mortality of bycatch which cannot be avoided;

(12) assess the type and amount of fish caught and released alive during recreational fishing under catch and release fishery management programs and the mortality of such fish, and include conservation and management measures that, to the extent practicable, minimize mortality and ensure the extended survival of such fish;

(13) include a description of the commercial, recreational, and charter fishing sectors which participate in the fishery and, to the extent practicable, quantify trends in landings of the managed fishery resource by the commercial, recreational, and charter fishing sectors; and

(14) to the extent that rebuilding plans or other conservation and management measures which reduce the overall harvest in a fishery are necessary, allocate any harvest restrictions or recovery benefits fairly and equitably among the commercial, recreational, and charter fishing sectors in the fishery.

**97-453, 99-659, 101-627, 102-251, 104-297**

**(b) DISCRETIONARY PROVISIONS.**--Any fishery management plan which is prepared by any Council, or by the Secretary, with respect to any fishery, may--

(1) require a permit to be obtained from, and fees to be paid to, the Secretary, with respect to--

(A) any fishing vessel of the United States fishing, or wishing to fish, in the exclusive economic zone [or special areas,]\* or for anadromous species or Continental Shelf fishery resources beyond such zone [or areas]\*;

(B) the operator of any such vessel; or

(C) any United States fish processor who first receives fish that are subject to the plan;

(2) designate zones where, and periods when, fishing shall be limited, or shall not be permitted, or shall be permitted only by specified types of fishing vessels or with specified types and quantities of fishing gear;

(3) establish specified limitations which are necessary and appropriate for the conservation and management of the fishery on the--

(A) catch of fish (based on area, species, size, number, weight, sex, bycatch, total biomass, or other factors);

(B) sale of fish caught during commercial, recreational, or charter fishing, consistent with any applicable Federal and State safety and quality requirements; and

(C) transshipment or transportation of fish or fish products under permits issued pursuant to section 204;

(4) prohibit, limit, condition, or require the use of specified types and quantities of fishing gear, fishing vessels, or equipment for such vessels, including devices which may be required to facilitate enforcement of the provisions of this Act;

(5) incorporate (consistent with the national standards, the other provisions of this Act, and any other applicable law) the relevant fishery conservation and management measures of the coastal States nearest to the fishery;

(6) establish a limited access system for the fishery in order to achieve optimum yield if, in developing such system, the Council and the Secretary take into account--

(A) present participation in the fishery,

(B) historical fishing practices in, and dependence on, the fishery,

(C) the economics of the fishery,

(D) the capability of fishing vessels used in the fishery to engage in other fisheries,

(E) the cultural and social framework relevant to the fishery and any affected fishing communities, and

(F) any other relevant considerations;

(7) require fish processors who first receive fish that are subject to the plan to submit data (other than economic data) which are necessary for the conservation and management of the fishery;

(8) require that one or more observers be carried on board a vessel of the United States engaged in fishing for species that are subject to the plan, for the purpose of collecting data necessary for the conservation and management of the fishery; except that such a vessel shall not be required to carry an observer on board if the facilities of the vessel for the quartering of an observer, or for carrying out observer functions, are so inadequate or unsafe that the health or safety of the observer or the safe operation of the vessel would be jeopardized;

(9) assess and specify the effect which the conservation and management measures of the plan will have on the stocks of naturally spawning anadromous fish in the region;

(10) include, consistent with the other provisions of this Act, conservation and management measures that provide harvest incentives for participants within each gear group to employ fishing practices that result in lower levels of bycatch or in lower levels of the mortality of bycatch;

(11) reserve a portion of the allowable biological catch of the fishery for use in scientific research; and



(12) prescribe such other measures, requirements, or conditions and restrictions as are determined to be necessary and appropriate for the conservation and management of the fishery.

**97-453, 104-297**

**(c) PROPOSED REGULATIONS.**--Proposed regulations which the Council deems necessary or appropriate for the purposes of--

(1) implementing a fishery management plan or plan amendment shall be submitted to the Secretary simultaneously with the plan or amendment under section 304; and

(2) making modifications to regulations implementing a fishery management plan or plan amendment may be submitted to the Secretary at any time after the plan or amendment is approved under section 304.

practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: October 19, 2004.

**Gwellnar Banks,**

*Management Analyst, Office of the Chief Information Officer.*

[FR Doc. 04-24004 Filed 10-26-04; 8:45 am]

BILLING CODE 3510-22-S

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

[I.D. 102104C]

#### Proposed Information Collection; Comment Request; Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries

**AGENCY:** National Oceanic and Atmospheric Administration (NOAA).

**ACTION:** Notice.

**SUMMARY:** The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)).

**DATES:** Written comments must be submitted on or before December 27, 2004.

**ADDRESSES:** Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW, Washington, DC 20230 (or via the Internet at [dHynek@doc.gov](mailto:dHynek@doc.gov)).

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the information collection instrument and instructions should be directed to Patsy A. Bearden, 907-586-7008 or [patsy.bearden@noaa.gov](mailto:patsy.bearden@noaa.gov).

## SUPPLEMENTARY INFORMATION:

### I. Abstract

NMFS seeks to renew a collection of information for the continued management of the Individual Fishing Quota (IFQ) Program for fixed-gear Pacific halibut and sablefish fisheries off Alaska as well as the Western Alaska Community Development Quota Program (CDQ) halibut fishery. The IFQ program allocates annual total catch limits for the halibut and sablefish fisheries among individual fishermen. The CDQ halibut program allocates annual total catch limits for the halibut fishery among individual CDQ fishermen. Fishermen are assigned Quota Shares (QS) for the fisheries, and then annually receive an IFQ and/or CDQ. Applications and reporting are required to manage and track the program.

### II. Method of Collection

The information is submitted to respond to requirements set forth in a regulation. Paper applications and reports, electronic reports, and telephone calls are required from participants, and methods of submittal include Internet and facsimile transmission of paper forms.

### III. Data

*OMB Number:* 0648-0272.

*Form Number:* None.

*Type of Review:* Regular submission.

*Affected Public:* Not-for-profit institutions and business or other for-profits organizations.

*Estimated Number of Respondents:* 6,742.

*Estimated Time Per Response:* 30 minutes for Application for IFQ/CDQ Landing Card; 30 minutes for Application for IFQ/CDQ Registered Buyer Permit; 1 hour for Request for Application for Quota Share, Individuals; 1 hour for Request for Application for Quota Share, Existing Corporations or Partnerships; 1 hour for Request for Application for Quota Share, Dissolved Corporations or Partnerships; 4 hours for Letter of Appeal; 30 minutes for QS/IFQ Beneficiary Designation Form; 2 hours for QS Holder: Identification of Ownership Interest; 30 minutes for Annual Updates on the Status of Corporations and Partnerships QS; 2 hours for Application for QS/IFQ Transfer Eligibility Certificate; 2 hours for Application for Transfer of QS/IFQ (includes sweep-up); 30 minutes for Application for Replacement of Certificates, Permits, or Cards; 30 minutes for Request for Automated Transaction Terminal; 6 minutes for IFQ

Administrative Waiver; 12 minutes for Prior Notice of IFQ Landing; 12 minutes for electronic IFQ/CDQ Landing Report; 18 minutes for manual IFQ/CDQ Landing Report; 15 minutes for Departure Report; 12 minutes for Transshipment Authorization; 6 minutes for Dockside Sales Receipt; 200 hours for Application to Become a Community Quota Entity (CQE); 40 hours for CQE Annual Report; 30 minutes for Approval of Transfer from Governing Body; and 10 hours for Community Petition to Form Governing Body.

*Estimated Total Annual Burden Hours:* 12,012.

*Estimated Total Annual Cost to Public:* \$82.

### IV. Request for Comments

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: October 19, 2004.

**Gwellnar Banks,**

*Management Analyst, Office of the Chief Information Officer.*

[FR Doc. 04-24005 Filed 10-26-04; 8:45 am]

BILLING CODE 3510-22-S

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

[I.D. 102104D]

#### Proposed Information Collection; Comment Request; Billfish Tagging Report

**AGENCY:** National Oceanic and Atmospheric Administration (NOAA).

**ACTION:** Notice.

**SUMMARY:** The Department of Commerce, as part of its continuing effort to reduce paperwork and